

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90143 013 ***150.00

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DOCUMENT # P990000026999

1. Entity Name
LANG SERVICES INC.

Principal Place of Business

303 REMINGTON DR.
OVIEDO FL 32765

Mailing Address

303 REMINGTON DR.
OVIEDO FL 32765

2. Principal Place of Business

764 JORDON COURT

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

OVIEDO, FLORIDA

City & State

Zip

Country

32765

Zip

Country

4. FEI Number

52-2147451

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LANG, DARYL J

303 REMINGTON DR.

OVIEDO FL 32765

7. Name and Address of New Registered Agent

Name

DARYL J. LANG

Street Address (P.O. Box Number is Not Acceptable)

764 JORDON COURT

City

OVIEDO

FL

Zip Code

32765

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Daryl J. Lang

PRESIDENT

1/14/01

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00

After May 1, 2002 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **V**
NAME **BOGUE, DAVID**
STREET ADDRESS **60 MUREE LOOP UNIT #47**
CITY-ST-ZIP **WINTER GARDEN FL 32708**

TITLE **PTSD** ☐ Delete
NAME **LANG, DARYL J**
STREET ADDRESS **303 REMINGTON DR**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE **CM** ☐ Delete
NAME **LANG, DARYL J**
STREET ADDRESS **303 REMINGTON DR**
CITY-ST-ZIP **OVIEDO FL 32765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daryl J. Lang

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/01

Date

(407) 230-0907

Daytime Phone #

CR2E034 (9/01)