

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT #

P99000026999

1. Entity Name

Lang Services, Inc.

FILED

02 SEP 18 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

764 Jordon Court

Suite, Apt. #, etc.

3. Mailing Address

764 Jordon Court

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Oviedo, Florida

City & State

Oviedo, Florida

4. FEI Number

52-2147451

Applied For

Not Applicable

Zip

32765

Country

Zip

32765

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Daryl J. Lang

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

764 Jordon Court

City

Oviedo

FL

Zip Code

32765

**DO NOT WRITE
IN THIS SPACE**

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

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) ☐

January 1, May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP

PTSD

Lang, Daryl J.

764 Jordon Court

Oviedo, Florida 32765

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

400007858044-2
-09/19/02--01095--001
*****61.25 *****61.25

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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/29/02

Date

(407) 230-0907

Daytime Phone #

CR2E0348 (12/01)