

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000036542

1. Entity Name

WATFORD LANGLEY, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90013 044 ***550.00

Principal Place of Business

5384 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

Mailing Address

5384 GULF BLVD.
ST. PETERSBURG BEACH FL 33706

2. Principal Place of Business

3815 GULF BLVD

3. Mailing Address

3815 GULF BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ST. PETE BEACH, FL

City & State

ST. PETE BEACH, FL

4. FEI Number

59-3569646

Applied For

Not Applicable

Zip

33706

Country

USA

Zip

33706

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SELBY, MATT
7300 W. CAMINO REAL #126
BOCA RATON FL 33433

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 PRESIDENT ☐ Delete
NAME MICK STIKSMA
STREET ADDRESS 3815 GULF BLVD
CITY-ST-ZIP ST. PETE BEACH, FL, 33706

TITLE SECRETARY - TREASURER ☐ Delete
NAME SANDRA STIKSMA
STREET ADDRESS 3815 GULF BLVD
CITY-ST-ZIP ST. PETE BEACH, FL, 33706

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JULY 14 2000 (727) 367-0399

Date

Daytime Phone #

CR2E034 (5/00)