## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P99000036542 1. Entity Name WATFORD LANGLEY, INC. 04-28-2001 90016 024 \*\*\*150 00 Principal Place of Business Mailing Address 3815 GULF BLVD 3815 GULF BLVD ST. PETERSBURG BEACH FL 33706. ST. PETERSBURG BEACH FL 33706 2. Principal Place of Business 3. Mailing Address n/a Ma Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3569646 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent . n/a SELBY, MATT Street Address (P.O. Box Number is Not Acceptable) 7300 W. CAMINO REAL #126 **BOCA RATON FL 33433** 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STIKSMA, MICK STREET ADDRESS STREET ADDRESS 3815 GULF BLVD CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33706 Addition Change TITLE ST ☐ Delete TITLE NAME STIKSMA, SANDRA NAME STREET ADDRESS STREET ADDRESS 3815 GULF BLVD CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33706 TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS 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 empreced 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 an other like empowered.

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