

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000045269

1. Entity Name

LANGEN CORP.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90047 001 ***150.00

Principal Place of Business

Mailing Address

9050 LAW MADERAS DR., #102
BONITA SPRINGS FL 34135

~~9050 LAW MADERAS DR., #102~~
~~BONITA SPRINGS FL 34135-2043~~

2. Principal Place of Business

26831 S. TAMIAMI TR.
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 279
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

BONITA SPRINGS, FL
Zip 34135 Country

City & State

BONITA SPRINGS, FL
Zip 34133 Country

4. FEI Number

59-3579760

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~CORPORATION SERVICE COMPANY~~
~~1201 HAYS STREET~~
~~TALLAHASSEE FL 32301-2525~~

7. Name and Address of New Registered Agent

Name JAMES W. AMBURN
Street Address (P.O. Box Number is Not Acceptable)
28000 SPANISH WELLS BLVD
City BONITA SPRINGS FL Zip Code 34135

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

corporation is eligible to satisfy its intangible
filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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	PD	<input type="checkbox"/> Delete
NAME	LANGEN, ANGELIKA	
STREET ADDRESS	9050 LAW MADERAS DR., #102	
CITY-ST-ZIP	BONITA SPRINGS FL 34135	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)