

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000054928

1. Entity Name
THE LANGEVIN GROUP, INC.

FILED
Aug 08, 2001 8:00 am
Secretary of State

08-08-2001 90084 001 *****8.75
08-08-2001 90084 002 ***150.00

Principal Place of Business
3304 63RD SQUARE
VERO BEACH FL 32966

Mailing Address
3304 63RD SQUARE
VERO BEACH FL 32966



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1006 21ST ST
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
VERO BEACH FL
Zip
32960

City & State
Country
INDIAN RIVER

4. FEI Number 59-3580469

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGEVIN, ALAN
1405 34TH AVE
VERO BEACH FL 32960

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 12, 2001 Fee 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 NAME STREET ADDRESS CITY-ST-ZIP	P LANGEVIN, ALAN 1405 34TH AVE VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BACON, RONALD 1405 34TH AVE VERO BEACH FL 32960	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

7/31/01

561-567-3327

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone

015718 AT

CR2E034 (5/01)

Attachment

Doc. # P9900005492 8

77180

Florida Department of State:

I have enclosed a check for \$150 for the uniform business report for 2001. I did not receive a notice prior to this one. I did move in the last year, however, the mailing address on the form is the current one. If I can answer any questions concerning this please call me at 561-567-3327. Thank you.

Sincerely,



Alan Langevin