

# 2000 UNIFORM BUSINESS REPORT (UBR)

3/1

DOCUMENT # P99000058245

1. Entity Name

LANGO, INC.

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

03-17-2000 90038 005 \*\*\*150.00

Principal Place of Business

Mailing Address

6880 HIGHLAND PARK CIRCLE  
FT MYERS FL 33912

6880 HIGHLAND PARK CIRCLE  
FT MYERS FL 33912-5317

2. Principal Place of Business

3. Mailing Address

6805 W. Commercial Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

TAMPA FL

City & State

Zip

33319

Country

USA

Zip

Country

4. FEI Number

65-6301340

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANGERMANN, JOHN A  
6880 HIGHLAND PARK CIRCLE  
FT MYERS FL 33912

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 true 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 \$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

**President**  
JOHN LANGERMANN ☐ Delete  
6880 HIGHLAND PARK CIRCLE  
FT. MYERS FL 33912

**SECRETARY**  
LYNNE LANGERMANN ☐ Delete  
6880 HIGHLAND PARK CIRCLE  
FT MYERS FL 33912

☐ Delete

☐ Delete

☐ Delete

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☒ Addition

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-718-4340