2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S64267

1. Entity Name

LANGHAM CORPORATION

FILED May 10, 2001 8:00 am Secretary of State 05-10-2001 90079 022 ***150.00

| Principal Plac | e of Business | | Mailing Address | | | | | | | | |
|---|---|--|--|--|--|---|---------------------------------------|--|--|------------------|----------------|
| 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 US | | | 200 SOUTH ORANGE AVENUE SARASOTA FL 34236 US | | | D0048329 | | | | | |
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| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | | |
| City & State | | | City & State | | | 4. FEI Number | 65-0286085 | | Applied For Not Applicable | | |
| Zip | | Country | Zip Counti | | itry | | | | | 5 Additional | |
| | 6. Name a | and Address of Current Re | egistered Agent | | | 7. Name and Address of New Registered Agent | | | | | 1 |
| | | | | | Name | | | | | - | |
| HARTENSTINE, J. MICHAEL 200 SOUTH ORANGE AVENUE | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SAR | asota fl. 3 | 4236 | | | | | | | | | |
| | | | | | City | | | FL | Zip Cod | е | |
| 8. The above | named entity | submits this statement for t | he purpose of changing its | register | ed office or register | red agent, or both, i | in the State of Flor | ida. | | | |
| SIGNATURE. | Signature typed or | r printed name of registered agent and | title if applicable (NOTE | : Registere | d Agent signature required | d when reinstating) | | DATE | | | |
| | | | T | | | | | | | | { |
| 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, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta | | | Trust l | on Campaign Fina Fund Contribution | | | May Be I to Fees | |
| 11. | | OFFICERS AND D | 1 | 12. | • | | ANGES TO OFFIC | CERS AND D | IRECTOR | S IN 11 | 1 |
| TITLE | DP | | ☐ Delete | TITLE | | | | 2 | Change | ☐ Addition | 0 |
| NAME | | TINE, J. MICHAEL | | NAM | - [| | | | | | 15 |
| STREET ADDRESS CITY-ST-ZIP | 200 S OR | ANGE AVE. | | | | | | | | | |
| 0111-31-211 | CADACOTA | | | | ET ADDRESS | | | | | | 5 |
| TITI F | SARASOTA | | ☐ Daleta | CITY | -ST-ZIP | | | | ☐ Change | ☐ Addition | B2E034 (10/00) |
| TITLE NAME | ٧ | A FL 34236 | ☐ Delete | | -ST-ZIP | | | | Change | Addition | CESENSA |
| TITLE NAME STREET ADDRESS | V Varah, Ch | A FL 34236 | ☐ Delete | CITY TITLE NAM | -ST-ZIP | X | | [| Change | ☐ Addition | CESENSA |
| NAME | V Varah, Ch 7671 The | A FL 34236 HARLES | ☐ Delete | CITY TITLE NAM STRE | -ST-ZIP | | | [| Change | ☐ Addition | CDSE034 |
| NAME STREET ADDRESS | V VARAH, CH 7671 THE UNIVERSIT ST | HARLES PARK BLVD Y PARK FL 34236 | ☐ Delete | CITY TITLE NAM STRE | -ST-ZIP E E ET ADDRESS -ST-ZIP | | | | | ☐ Addition | VENECUS V |
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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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Harbers From Do