

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90116 032 ***150.00

DOCUMENT # V02987

1. Entity Name

LANG CONSTRUCTION & MAINTENANCE, INC.

Principal Place of Business

**2055 S. CONGRESS AVE.
DELRAY BEACH FL 33445**

Mailing Address

**2055 S. CONGRESS AVE.
DELRAY BEACH FL 33445**

2. Principal Place of Business

3185 So Congress Ave
Suite, Apt. #, etc.

3. Mailing Address

3185 So Congress Ave
Suite, Apt. #, etc.

City & State

Delray Beach, FL

City & State

Delray Bch, FL

Zip

33445

Country

Zip

33445

Country

4. FEI Number

65-0351165

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

CARROLL, KEVIN M.**5295 TOWN CENTER ROAD
SUITE 200
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name **Carroll, Kevin M**

Street Address (P.O. Box Number is Not Acceptable)

21045 Commercial trailCity **Boca Raton****FL**

Zip Code

33486

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 date 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, 2002 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **ISAACSON, WILLIAM K**
STREET ADDRESS **5295 TOWN CENTER RD.200**
CITY-ST-ZIP **BOCA RATON FL**TITLE **ST** ☐ Delete
NAME **CARROLL, KEVIN M**
STREET ADDRESS **5295 TOWN CENTER RD.200**
CITY-ST-ZIP **BOCA RATON FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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 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

Kevin M Carroll

Date

Daytime Phone #

1/8/02 561-2808800

CR2E034 (9/01)