

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90076 022 ****55.00

DOCUMENT # L00000008139

1. Entity Name

LIGHTSEY ENTERPRISES, L.L.C.

Principal Place of Business

**8000 HWY. 70 E.
 OKEECHOBEE FL 34974**

Mailing Address

**8000 HWY. 70 E.
 OKEECHOBEE FL 34974**

2. Principal Place of Business

8000 HWY 70 E
 Suite, Apt. #, etc.

3. Mailing Address

1933 SW 40TH DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Okeechobee FL

City & State

Okeechobee FL

4. FEI Number

26-6151330

Applied For

Not Applicable

Zip

34974

Country

Okeechobee

Zip

34974

Country

Okeechobee

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**LIGHTSEY, DEWEY
 1933 S.W. 40TH DRIVE
 OKEECHOBEE FL 34974**

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | C LIGHTSEY, DEWEY 1933 SW 40TH DR. OKEECHOBEE FL 34974 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LIGHTSEY, RUTH 1933 SW 40TH DR. OKEECHOBEE FL 34974 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LIGHTSEY, DEWEY 1933 SW 40TH DR. OKEECHOBEE FL 34974 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

4-4-02

863-357-6020

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)