

2000 UNIFORM BUSINESS REPORT (UBR)

0013001 AF

DOCUMENT # L99000000378

1. Entity Name
LIGHTNING RE-MARKETING, L.L.C.

APPROVED
AND
FILED

00 APR -3 AM 10:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4/19

Principal Place of Business

111 NORTH COTTAGE PLACE
WESTFIELD NJ 07090

Mailing Address

111 NORTH COTTAGE PLACE
WESTFIELD NJ 07090-2820

2. Principal Place of Business

3. Mailing Address

P. O. Drawer 511447

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Punta Gorda, Florida

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip
33951-1447

Country
USA

5. Certificate of Status Desired ☐ \$5.00 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

HACKETT, JACK O II
FARR LAW FIRM
115 W. OLYMPIA AVENUE
PUNTA GORDA FL 33950

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

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUCZERA, ROY KENNETH 111 NORTH COTTAGE PLACE WESTFIELD NJ 07090	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KUCZERA, LIEN DANG 111 NORTH COTTAGE PLACE WESTFIELD NJ 07090	<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	700003219637--3 -04/24/00--01023--011 *****50.00 *****50.00	<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
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

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/25/00 (908)33-3317

CR2E083 (9/99)