

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAR 30 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mg 4/10



DO NOT WRITE IN THIS SPACE

DOCUMENT # L99000005392

1. Entity Name

PATHLIGHTER, LLC

Principal Place of Business

105 RIVERSIDE DRIVE
ORMOND BEACH FL 32176

Mailing Address

105 RIVERSIDE DRIVE
ORMOND BEACH FL 32176-6522

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRISON, CHARLES R

1400 WEST FAIRBANKS AVENUE, SUITE 204
WINTER PARK FL

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 ☐ Delete
MGR
WIPPERFURTH, KURT A
STREET ADDRESS
105 RIVERSIDE DRIVE
CITY - ST - ZIP
ORMOND BEACH FL 32176

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

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY - ST - ZIP
000003205130--2
-04/12/00--01012--005
*****50.00 *****50.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

TITLE NAME ☐ Delete
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TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

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:

Kurt A. Wipperfurth
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

3/24/2000 904/672-3088

CR2E083 (9/99)