

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Feb 17, 2003 8:00 am
Secretary of State

1/1

01-13-2003 90663 024 ****70.00

DOCUMENT # N02000008602

1. Entity Name
LIGHTNING-SEED FOUNDATION, INC



Principal Place of Business
**414 SW 51ST TER
CAPE CORAL FL 33914**

Mailing Address
**414 SW 51ST TER
CAPE CORAL FL 33914**

2. Principal Place of Business
13720-3 Six Mile Cypress

3. Mailing Address
13720-3 Six Mile Cypress

Suite, Apt. #, etc.

City & State
Fort Myers, FL

City & State
Fort Myers, FL

Zip
33912

Country
USA

Zip
33912

Country
USA

4. FEI Number
37-144 7944

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**-LUCAS, SHELLY J-
414 SW 51ST TER
CAPE CORAL FL 33914**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Shelly J. Lucas* (NOTE: Registered Agent signature required when reinstating)

DATE 1-08-03

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LUCAS, SHELLY J 414 SW 51ST TER CAPE CORAL FL 33914	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUCAS, ROBERT 414 SW 51ST TER CAPE CORAL FL 33914	<input checked="" 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		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Lucas, Shelly J. 13720-3 Six Mile Cypress Fort Myers, FL 33914	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO - CPA Directed Investments Lucas, Robert R. 13700-2 Six Mile Cypress Fort Myers, FL 33912	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Agresti, Thomas J. 3802 Old Gate Rd. Castle Rock, CO 80104	<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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Shelly J. Lucas* **REQUIRED**

DATE 1-08-03

Daytime Phone #

CR2E037 (10/02)