

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000099866

1. Entity Name

LIGHTICULAR, INC

FILED

02 MAY -6 AM 7:41

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FL 32317
REINSTATEMENT

DO NOT WRITE IN THIS SPACE

01-02

2. Principal Place of Business

601 NE 26TH AVE

Suite, Apt. #, etc.

3. Mailing Address

601 NE 26TH AVE

Suite, Apt. #, etc.

City & State

POMPANO BEACH

City & State

POMPANO BEACH

4. FEI Number

65-1091592

Applied For

Not Applicable

Zip

33062-4433

Country

USA

Zip

33062-4433

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SEYMOUR ZIMMERMAN

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

601 NE 26TH AVE

City

POMPANO BEACH

FL

Zip Code
33062

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IN THIS SPACE**

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 SEYMOUR ZIMMERMAN

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4/30/02

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DIRECTOR
BEGGS, WILLIAM F
PHA-A, 2929 E COMMERCIAL BLVD
FT LAUDERDALE FL 33308

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

400005555764--5
-05/16/02--01069--019
*****300.00 *****300.00

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

400005555764--5
-05/16/02--01069--020
*****600.00 *****600.00

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM F BEGGS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

954 785 9885

Daytime Phone #

CR2E034B (12/01)