

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90387 012 ***150.00

0591059 AT

DOCUMENT # P01000044684

1. Entity Name
ROBERT LIGHTSEY, INC.

Principal Place of Business

**3430 HICKORY CREEK RD
 DELTONA FL 32738**

Mailing Address

**3430 HICKORY CREEK RD
 DELTONA FL 32738**

2. Principal Place of Business

1083 HEMINGWAY DR

3. Mailing Address

PO Box 390383

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

DELTONA, FL

City & State

DELTONA, FL

4. FEI Number

Applied For

☒ Not Applicable

Zip

32725

Country

USA

Zip

32739

Country

USA

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

6. Name and Address of Current Registered Agent

**LIGHTSEY, ROBERT
 3430 HICKORY CREEK RD
 DELTONA FL 32738**

7. Name and Address of New Registered Agent

Name **ROBERT LIGHTSEY**

Street Address (P.O. Box Number is Not Acceptable)
1083 HEMINGWAY DR

City **DELTONA**

FL

Zip Code
32725

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

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 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 **D** ☐ Delete
 NAME **LIGHTSEY, ROBERT**
 STREET ADDRESS **3430 HICKORY CREEK RD**
 CITY-ST-ZIP **DELTONA FL 32738**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **ROBERT LIGHTSEY**
 STREET ADDRESS **1083 HEMINGWAY DR**
 CITY-ST-ZIP **DELTONA, FL 32725**

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

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

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

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

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02
 Date

386-860-3588
 Daytime Phone #

CR2E034 (9/01)