

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2003 8:00 am
Secretary of State

02-24-2003 90188 012 ***150.00

DOCUMENT # P01000044684

1. Entity Name
ROBERT LIGHTSEY, INC.



Principal Place of Business
**1083 HEMINGWAY DR
DELTONA FL 32725**

Mailing Address
**P O BOX 390383
DELTONA FL 32739**

2. Principal Place of Business
3430 HICKORY CREEK RD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DELTONA, FL

City & State

Zip
32739

Country
USA

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LIGHTSEY, ROBERT
1083 HEMINGWAY DR
DELTONA FL 32725**

7. Name and Address of New Registered Agent

Name **ROBERT LIGHTSEY**
Street Address (P.O. Box Number is Not Acceptable)
3430 HICKORY CREEK RD
City **DELTONA** **FL** Zip Code **32738**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LIGHTSEY, ROBERT**
STREET ADDRESS **1083 HEMINGWAY DR**
CITY-ST-ZIP **DELTONA FL 32725**

11.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
NAME **ROBERT LIGHTSEY**
STREET ADDRESS **3430 HICKORY CREEK RD.**
CITY-ST-ZIP **DELTONA, FL 32738**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)