

FILED  
Jun 27, 2003 8:00 am  
Secretary of State

06-27-2003 90051 001 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |                                                                                                                                  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P01000059653</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |                                                 |  |
| 1. Entity Name<br><b>LIGHTENING CONSTRUCTION, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                  |  |
| Principal Place of Business<br>7882 NW 171 ST<br>MIAMI, FL 33015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Mailing Address<br>7882 NW 171 ST<br>MIAMI, FL 33015                                                                             |  |
| 2. Principal Place of Business<br>2995 20th Ave SE<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | 3. Mailing Address<br>Same<br>Suite, Apt. #, etc.                                                                                |  |
| City & State<br>Naples Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | City & State                                                                                                                     |  |
| Zip<br>34117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Country<br>Collier                                                                                                               |  |
| 4. FEI Number<br>85-1116568                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Applied For<br>Not Applicable                                                                                                    |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional<br>Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |                                                                                                                                  |  |
| 6. Name and Address of Current Registered Agent<br>BATISTA, HECTOR JOSE<br>7882 NW 171 ST<br>MIAMI, FL 33015                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>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 _____<br><small>Signature, typed or printed name of registered agent and with it applicable. (NOTE: Registered Agent's signature required when submitting.)</small> DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |                                                                                                                                  |  |
| 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be<br>Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                  |  |
| <b>10. OFFICERS AND DIRECTORS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>                                                                     |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 |  |
| TITLE <input type="checkbox"/> Delete<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                 |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: <u>Hector Batista</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  | 6/23/03 (305) 885-7592<br><small>Cell Daytime Phone</small>                                                                      |  |

10108950



☒ CHECK HERE IF MAKING CHANGES

CRP034 (10/02)



2995 20<sup>th</sup> Ave SE Naples, FL 34117

Tel: 239-253-7793 Fax: 239-353-8879

*Attachment*

*10108950*

*#P0100059653*

# Lightening Construction Inc.

June 24, 2003

Florida Department of State  
Secretary of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Lightening Construction Inc.  
Document # P0100059653

To whom it may concern:

Attached please find check # 1126 for \$150.00 regarding the 2003 Uniform Business Report, (UBR) annual fee.

Since, I never received the original 2003 Uniform Business Report, (UBR) form. I was instructed by a representative of your office to download the attached 2003 Uniform Business Report from the Florida Department of State website and forward the \$150.00 check along with the completed 2003 Uniform Business Report to your office.

Please accept the \$150.00 check for payment of the 2003(UBR) annual fee and consider waiving, any potential late fees.

Should you require any additional information, please do not hesitate to contact Marlene my Administrative Assistant at 305-885-7592.

Very Truly Yours,

*Hector J. Batista*

Hector J. Batista  
President

*Enjoy life to the fullest!*