

2002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90125 025 ***150.00

DOCUMENT # P92000011639

1. Entity Name

LIGHTNING PROTECTION SPECIALTIES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1875 GORDON DR

Suite, Apt. #, etc.

3. Mailing Address
1875 GORDON DR

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
NAPLES, FL

City & State
NAPLES, FL

4. FEI Number
36-3868499

Applied For
Not Applicable

Zip
34102

Country
US

Zip
34102

Country
US

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MARY E STEFFES

Street Address (P.O. Box Number is Not Acceptable)
1875 GORDON DR

City
NAPLES

FL **Zip Code**
34102

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) ☒

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
DPVT
NAME
STEFFES, MARY E
STREET ADDRESS
1875 GORDON DR
CITY - ST - ZIP
NAPLES, FL 34102

TITLE
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DO NOT WRITE IN THIS SPACE

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: *Mary E Steffes*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY E. STEFFES

Date

Daytime Phone #

4-14-02 5941-261-5285