

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

FILED
Apr 07, 2003 8:00 am
Secretary of State

04-07-2003 91017 041 ***150.00

DOCUMENT # P93000040834



1. Entity Name
A. LIGHTFOOT & ASSOCIATES, INC.

Principal Place of Business
**1847 SW 1ST AVE
OCALA FL 34474**

Mailing Address
**1847 SW 1ST AVE
OCALA FL 34474**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0413060**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LIGHTFOOT, ALENE P
110 S LONE OAK DR
LEESBURG FL 34748**

Name

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

6230 SE 96th Place Road

City

Belleview

FL

Zip Code

34420

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **LIGHTFOOT, ALENE P**
STREET ADDRESS **110 S LONE OAK DR**
CITY-ST-ZIP **LEESBURG FL 34748**

☒ Change ☐ Addition
TITLE **6230 SE 96th Place Rd.**
NAME **Belleview, FL 34420**
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **LIGHTFOOT, ROBERT E**
STREET ADDRESS **110 S LONE OAK DR**
CITY-ST-ZIP **LEESBURG FL 34748**

☒ Change ☐ Addition
TITLE **6230 SE 96th Place Rd.**
NAME **Belleview, FL 34420**
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **LIGHTFOOT-WATTS, LEIGH ANN**
STREET ADDRESS **2226 NE 10TH ST**
CITY-ST-ZIP **OCALA FL**

☒ Change ☐ Addition
TITLE **5355 SE 44th Circle**
NAME **OCALA, FL 34480**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition
TITLE
NAME
STREET ADDRESS
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)(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:

Aleene P. Lightfoot
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/03/03 3526294418
Date Daytime Phone #

CR2E034 (10/02)