

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90018 038 ***150.00

DOCUMENT # P94000016905

1. Entity Name

LIGHT SOFTWARE SOLUTIONS, INC.

Principal Place of Business

16409 CYPRESS WATER WAY
 #404
 TAMPA FL 33624

Mailing Address

16409 CYPRESS WATER WAY
 #404
 TAMPA FL 33624-1286

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

59-3155423

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BEGIAN, CHARLES H
 16409 CYPRESS WATER WAY
 #404
 TAMPA FL 33624

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	BEGIAN, CHARLES H
STREET ADDRESS	16409 CYPRESS WATER WAY, #404
CITY-ST-ZIP	TAMPA FL 33624
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DIP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEGIAN, CHARLES H.
STREET ADDRESS	16409 CYPRESS WATER WAY, #404
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	DIV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, DAVID C.
STREET ADDRESS	21698 CHANNING CT.
CITY-ST-ZIP	ASHBURN, VA 20147
TITLE	D/VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, DIANE M.
STREET ADDRESS	21698 CHANNING CT.
CITY-ST-ZIP	ASHBURN, VA 20147
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 *Charles H. Begian, President*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/05/2000 (813) 962-7572
 Day Daytime Phone #

CR2E034 (9/99)