

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000053562**

1. Entity Name  
**LIGHT CIRCLE MANAGEMENT, INC.**



**FILED**  
03 SEP -3 PM 2:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**125 ORANGE LANE  
ISLAMORADA FL 33036**

Mailing Address  
**125 ORANGE LANE  
ISLAMORADA FL 33036**

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 **65-0534811**

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

**BOYCE, NEIL R  
125 ORANGE LANE  
ISLAMORADA FL 33036**

7. Name and Address of New Registered Agent

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. 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 \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**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 ☐ Delete  
NAME **D BOYCE, NEIL R**  
STREET ADDRESS **125 ORANGE LANE**  
CITY-ST-ZIP **ISLAMORADA FL 33036**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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:

**SIGNATURE OF REGISTERED AGENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Aug. 24, 2003**  
Date

Daytime Phone #

CR2E034 (4/03)

*Attachment*

To: Dept. of State

From: Neil R Boyce

Re: Uniform Business Report  
Document Number # 94000053562

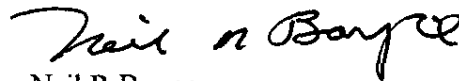
Date: August 26, 2003

I called today and spoke to a woman who said to just mail in this report and the filing fee. I asked if it had cleared yet, and she said no. I didn't want to stop payment on the check if you were behind in processing them.

I mailed my report back in late May, and since you have not processed it yet, I would assume it is lost. I will therefore stop payment on that check and issue a new check. I want you to know what I am doing, so if the check is processed after today, I do not want a bounced check charge.

I would hope you would not hold me responsibly for the lost mail, and ask you to work with me on the late filing fee. I will send a check for the amount of the one I canceled. Thank you for your attention to this matter.

Sincerely,



Neil R Boyce