

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000000390

1. Entity Name

LIGHTSYSTEMS TECHNOLOGIES CORP.

**FILED**  
**Jun 27, 2000 8:00 am**  
**Secretary of State**

06-27-2000 90003 023 \*\*\*550.00

Principal Place of Business

Mailing Address

3141 SE DOMINICA TERR.  
STUART FL 34996  
US

P.O. BOX 1199  
PALM CITY FL 34991-1199  
US

2. Principal Place of Business

3130 S.E.GRAN PARK WAY

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

STUART, FL

City & State

4. FEI Number

59-3351229

Applied For

Not Applicable

Zip

34997

Country

U.S.A.

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GALFOND, DAVID C ESQUIRE  
#8 SOUTH SEWALL'S POINT ROAD  
STUART FL 34996

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 ☐ Delete  
NAME D  
STREET ADDRESS CANTOR, DONALD  
CITY-ST-ZIP 2929 S.E. OCEAN BLVD. 106-7  
STUART FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CANTOR, STUART G  
CITY-ST-ZIP 98 BIRCHWOOD PARK DRIVE  
JERICHO NY 11753

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6-16-2000

561-221-0909

06-27-2000 90003 023 \*\*\*550.00