

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013040

1. Entity Name

LICHTI, INC.

Principal Place of Business

1420 SE 3RD ST
CAPE CORAL FL 33990
US

Mailing Address

1505 SE 40TH STREET
SUITE C
CAPE CORAL FL 33904-7913
US

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

65-0652047

Applied For

Not Applicable

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

H.S. BLAIR & ASSOCIATES INC.
1505 SE 40TH STREET
SUITE C
CAPE CORAL FL 33904

Name

Robert LaRocco

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

3006 SE 16th Place

City

Cape Coral

FL

Zip Code

33904

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

Robert LaRocco

Robert J. LaRocco

2/2/2000

Signature, typed or printed name of registered agent and site 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
LICHTENBERG, WERNER
809 GLENN AVE.
LEHIGH ACRES FL 33936

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (IN 11)

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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☐ Change

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Werner Lichtenberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/2/2000

941-281-0350

Date

Daytime Phone #

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90104 008 ***150.00

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DO NOT WRITE IN THIS SPACE