

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000013040

to: State Name
LICHTI, INC.

FILED
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90109 046 ***150.00

1. Name of Business
1420 SE 3RD ST
CAPE CORAL FL 33990
US

Mailing Address
1505 SE 40TH STREET
SUITE C
CAPE CORAL FL 33904
US



DO NOT WRITE IN THIS SPACE

2. Place of Business 3. Mailing Address

4. Suite, Apt. #, etc

5. City & State

4. FEI Number 65-0652047

6. Country 7. Zip 8. Country

5. Certificate of Status Desired ☐ \$8.75 A lower 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 James W. Amburn
Street Address (P.O. Box Number is Not Acceptable)
1505 S.E. 40th Street, Suite C
City Cape Coral FL 33904

9. I, the undersigned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

[Signature]

02/19/01

10. If the entity is eligible to satisfy its Intangible Tax, the entity elects to do so. ☐ (Check one box)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 (Add to Fee)

11. OFFICERS AND DIRECTORS

12. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

13. I certify that the information supplied with this filing does not qualify for the exemption stated in Section 11.01, Florida Statutes, and I hereby certify that the information is true and accurate and that my signature shall have the same legal effect as if made by the person or the receiver or trustee empowered to execute this report as required by Chapter 667, Florida Statutes. I am attaching herewith an attachment with an address, with all other like empowered

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/12/2001

941-549-9499