

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000036279

1. Entity Name

Tommy Light Enterprises, Inc.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 26 PM 3:13

Principal Place of Business

Mailing Address

1306 N.E. 12th Court
Ocala, FL 34470

Same

2. Principal Place of Business

1306 N.E. 12th Ct.

Suite, Apt. #, etc.

3. Mailing Address

1306 N.E. 12th Ct.

Suite, Apt. #, etc.

City & State

Ocala, FL

City & State

Ocala, FL

Zip

34470

Country

USA

Zip

34470

Country

USA

REINSTATEMENT

99-00

4. FEI Number

65-0758872

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Tommy Light

7. Name and Address of New Registered Agent

Name

Tommy Light

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

1306 N.E. 12th Court

City

Ocala

FL

Zip Code

34470

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Tommy L. Light
Pres., Sec., Treas., Dir
1306 N.E. 12th Court
Ocala, FL 34470

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

600003312806--1

-07/05/00--01058--001

****608.75 ****608.75

600003312806--1

-07/05/00--01058--002

****150.00 ****150.00

☐ Change ☐ Addition

☐ Change ☐ Addition

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/00

Date

352/266-3693

Daytime Phone #

CR2E034 (9/99)