

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

-AMENDED-

DOCUMENT # P9700036279

1. Entity Name

TOMMY LIGHT ENTERPRISES, INC.



FILED

03 JUN 18 PM 12:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1306 NE 12th Court

Suite, Apt. #, etc.

3. Mailing Address

1306 NE 12th Court

Suite, Apt. #, etc.

700021279377  
07/02/03--01071--012 \*\*\$1.25

DO NOT WRITE IN THIS SPACE

City & State  
Ocala, Florida

City & State  
Ocala, Florida

4. FEI Number  
65-0758872

Applied For  
Not Applicable

Zip  
34470

Country  
USA

Zip  
34470

Country  
USA

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Tommy L. Light

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

1306 NE 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. 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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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	NAME	STREET ADDRESS	CITY-ST-ZIP
P/S/T/D	Light, Tommy L.	1306 NE 12th Court	Ocala, FL 34470
V/D	Light, Janet	1306 NE 12th Court	Ocala, FL 34470

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)