

2001 UNIFORM BUSINESS REPORT-(UBR)

FILED
Apr 19, 2001 8:00 am
Secretary of State

03-30-2001 90320 028 ***150.00

DOCUMENT # P98000088189

1. Entity Name

LIGHTNING NETWORKS, INC.

Principal Place of Business

Mailing Address

P O BOX 1059
CROSS CITY FL 32628P O BOX 1059
CROSS CITY FL 32628

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 **59-3526392**

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

LANGFORD, CARLDON S.
STATE ROAD 349
OLD TOWN FL 32628

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 registered.)

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, 2001 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	D	<input type="checkbox"/> Delete
NAME	THORNTON, THOMAS H	
STREET ADDRESS	P O BOX 1557 N/A	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER, ERIC N	
STREET ADDRESS	P O BOX 1197 N/A	
CITY-ST-ZIP	CROSS CITY FL 32680	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANGFORD, CARLDON S	
STREET ADDRESS	P O BOX 1059	
CITY-ST-ZIP	CROSS CITY FL 32628	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE

Carldon S. Langford
 Carldon S. Langford

Date

Daytime Phone #

4/11/01

(352) 542-2643

CR2E034 (10/00)