

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000035377

1. Entity Name

LIGHTNING PMS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90174 003 ***150.00

Principal Place of Business

9509 KINGSTON DRIVE
BRADENTON FL 34210

Mailing Address

9509 KINGSTON DRIVE
BRADENTON FL 34210-1832

2. Principal Place of Business

3. Mailing Address

P.O. Box 14624

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BRADENTON, FLORIDA

4. FEI Number

65-0912379

Applied For

Not Applicable

Zip

Country

34280

Country

USA

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

WILLOCKS, CHERI M
9509 KINGSTON DRIVE
BRADENTON FL 34210

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 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 17, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME JACKSON, GRACE R
STREET ADDRESS 15375 BLACKFIELD ST.
CITY-ST-ZIP MOJAVE CA 93501

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME NEAL, JUNE C
STREET ADDRESS 548 BOWSER ST.
CITY-ST-ZIP ROCKDALE TX 76567

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLOCKS, CHERI M
STREET ADDRESS 9509 KINGSTON DR.
CITY-ST-ZIP BRADENTON FL 34210

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Cheri M. Willocks CHERI M WILLOCKS

4-28-00 941-795-8259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)