

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90024 026 ***150.00

DOCUMENT # P99000035377

1. Entity Name

LIGHTNING PMS, INC.

Principal Place of Business

**9509 KINGSTON DRIVE
 BRADENTON FL 34210**

Mailing Address

**PO BOX 14624
 BRAENTON FL 34280**

2. Principal Place of Business

7412 15th Ave NW

3. Mailing Address

Suite, Apt. #, etc.

City & State

BRADENTON, FL

City & State

4. FEI Number

65-0912379

Applied For

Not Applicable

Zip

34209

Country

USA

Zip

Country

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)

7412 15th Ave NW

City

BRADENTON

FL

Zip Code

34209

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **7412 15TH AVE N.W**
 CITY-ST-ZIP **BRADENTON FL 34209**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CHERI M. WILLOCKS 4-30-01 941-995-8259

0547401

CR2E034 (10/00)

