

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061072

1. Entity Name
THE LIMELIGHT GROUP, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90050 037 ***150.00

Principal Place of Business Mailing Address
221 ORANGE AVE 221 ORANGE AVE
FT PIERCE FL 34950 FT PIERCE FL 34950-4348



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0931917		Not Applicable	
City & State		City & State					
Zip		Zip		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country					

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
JENKINS, WILLIAM O		Name Muller, Melissa J	
221 ORANGE AVE		Street Address (P.O. Box Number is Not Acceptable) 2561 SE Jason Ave	
FT PIERCE FL 34950		City Port St Lucie FL Zip 34952	

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: Melissa J Muller Melissa J Muller Secretary 3/17/00
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD	<input type="checkbox"/> Delete	TITLE Muller, Melissa J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MULLER, MARK J		STREET ADDRESS Same address	
STREET ADDRESS 2561 SE JASON AVE			
CITY-ST-ZIP PORT ST LUCIE FL 34952			
TITLE SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SOHL, MELISSA J		NAME	
STREET ADDRESS 2561 SE JASON AVE		STREET ADDRESS	
CITY-ST-ZIP PORT ST LUCIE FL 34952		CITY-ST-ZIP	
TITLE VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JENKINS, WILLIAM O		NAME	
STREET ADDRESS 562 SW COMET TERR		STREET ADDRESS	
CITY-ST-ZIP PORT ST LUCIE FL 34953		CITY-ST-ZIP	
TITLE TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME JENKINS, DIANE M		NAME	
STREET ADDRESS 562 SW COMET TERR		STREET ADDRESS	
CITY-ST-ZIP PORT ST LUCIE FL 34953		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: Melissa J Muller Melissa J Muller 3/17/00 489-6300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)