

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 08:00 AM
Secretary of State

DOCUMENT # P99000087837

1. Entity Name
LIGHTFOOT CREATIVE SERVICES, INC.

Principal Place of Business 920 REFLECTIONS CIRCLE, #206 CASSELBERRY FL 32707	Mailing Address 920 REFLECTIONS CIRCLE, #206 CASSELBERRY FL 32707
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2. Principal Place of Business 920 REFLECTIONS CIRCLE Suite, Apt. #, etc. #206	3. Mailing Address 920 REFLECTIONS CIRCLE Suite, Apt. #, etc. #206
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City & State CASSELBERRY FL	City & State CASSELBERRY FL	4. FEI Number 59-3604704	Applied For Not Applicable
Zip 32707	Country	Zip 32707	Country

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
LIGHTFOOT LORI I
920 REFLECTIONS CIRCLE, #206
CASSELBERRY FL 32707 US

7. Name and Address of New Registered Agent
 Name
LIGHTFOOT LORI I
 Street Address (P.O. Box Number is Not Acceptable)
920 REFLECTIONS CIRCLE
#206
 City
CASSELBERRY FL Zip Code
32707

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 **LORI LIGHTFOOT** DATE **04/27/2000**
Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <input type="checkbox"/> Delete LIGHTFOOT LORI I 920 REFLECTIONS CIRCLE, #206 CASSELBERRY FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.