

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P99000087837**

1. Entity Name

LIGHTFOOT CREATIVE SERVICES, INC.

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

Principal Place of Business

920 REFLECTIONS CIRCLE, #206

Mailing Address

920 REFLECTIONS CIRCLE, #206

CASSELBERRY
32707

FL

CASSELBERRY
32707

FL

2. Principal Place of Business
920 REFLECTIONS CIRCLE

3. Mailing Address
920 REFLECTIONS CIRCLE

Suite, Apt. #, etc.
#206

Suite, Apt. #, etc.
#206

City & State
CASSELBERRY

FL

City & State
CASSELBERRY

FL

Zip
32707

Country

Zip
32707

Country

4. FEI Number

59-3604704

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LIGHTFOOT LORI I
920 REFLECTIONS CIRCLE, #206

CASSELBERRY
32707

FL

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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

04/27/2000

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PSTD
LIGHTFOOT LORI I
920 REFLECTIONS CIRCLE, #206
CASSELBERRY FL 32707

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ 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.

SIGNATURE

DATE