

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000087837

1. Entity Name

LIGHTFOOT CREATIVE SERVICES, INC.

FILED

Jan 25, 2001 8:00 am
Secretary of State

01-25-2001 90148 003 ***150.00

Principal Place of Business

920 REFLECTIONS CIRCLE
#206
CASSELBERRY FL 32707

Mailing Address

920 REFLECTIONS CIRCLE
#206
CASSELBERRY FL 32707

2. Principal Place of Business

920 Reflections Circle
Suite, Apt. #, etc.
#206

3. Mailing Address

920 Reflections Cir
Suite, Apt. #, etc.
#206

City & State

Casselberry, FL
Zip
32707
Country
USA

City & State

Casselberry, FL
Zip
32707
Country
USA

4. FEI Number

59-3604704

Applied For

Not Applicable

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

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Time

Lori Lightfoot, Director 1/10/01
407-679-9120

CR2E034 (10/00)