

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90072 024 ****70.00

DOCUMENT # N97000004941

1. Entity Name

ROAD TO ENLIGHTENMENT, INC.

Principal Place of Business

Mailing Address

**4605 HUNTSMAN COURT
 TAMPA FL 33624**

**4605 HUNTSMAN COURT
 TAMPA FL 05661-0549**

2. Principal Place of Business

118 DEBUEL RD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 549

Suite, Apt. #, etc.

City & State
LUTZ, FL

City & State
MORRISVILLE, VT

Zip
33549

Country
HILLSBOROUGH

Zip
05661-0549

Country
LAMOILLE

4. FEI Number
59-3465854

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**LUTGEN, NEDA M
 4605 HUNTSMAN COURT
 TAMPA FL 33624**

7. Name and Address of New Registered Agent

Name **SAME.**
 Street Address (P.O. Box Number is Not Acceptable)
118 DEBUEL RD.
 City **LUTZ** FL Zip Code **33549**

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

3/1/00

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUTGEN, NEDA M 4605 HUNTSMAN COURT TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP LUTGEN, ENRIQUE A 4605 HUNTSMAN COURT TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LUTGEN, ALFREDO 4605 HUNTSMAN COURT TAMPA FL 33624	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **[Signature]** **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00 **(802) 644-1905**
 Date Daytime Phone #

CR2E037 (9/99)