

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 19, 2001 8:00 am**  
**Secretary of State**

04-19-2001 90018 045 \*\*\*\*70.00

**DOCUMENT # 752503**

1. Entity Name  
**VISIBLE LIGHT, INC.**

Principal Place of Business

1317 S. PARK AVE  
 SANFORD FL 32771  
 US

Mailing Address

5912 JASON ST  
 ORLANDO FL 32809

2. Principal Place of Business

3. Mailing Address  
**1317 S. PARK AVE**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State  
**SANFORD FL.**

4. FEI Number

**59-2017075**

Applied For

Not Applicable

Zip

Country

Zip  
**32771**

Country

**SEMINOLE**

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

**FRUSCO, DOMENIC**  
**1317 S. PARK AVE**  
**SANFORD FL 32771**

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

**DOMENIC FUSCO**

**4-14-2001**

**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  
**DPC**  
**FUSCO, DOMENIC**  
**1317 SOUTH PARK AVENUE**  
**SANFORD FL 32771**  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DV**  
**FUSCO, CHARLOTTE R**  
**1317 S. PARK AVE**  
**SANFORD FL 32771**  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**DS**  
**RENSHAW, VIVIAN**  
**5912 JASON ST**  
**ORLANDO FL 32809**  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  Addition

TITLE  
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TITLE  
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 CITY-ST-ZIP  
 Change  Addition

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 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
 Change  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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**DOMENIC FUSCO**

**4-14-2001**

**407341-6999**

CR2E037 (10/00)