

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 90057 041 *****61.25

DOCUMENT # 752503

1. Entity Name

VISIBLE LIGHT, INC.

Principal Place of Business

Mailing Address

**1317 S. PARK AVE
 SANFORD FL 32771
 US**

**1317 S. PARK AVE
 SANFORD FL 32771**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2017075

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

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

*This name was
 misspelled*

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

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 **DPC** ☐ Delete
 NAME **FUSCO, DOMENIC**
 STREET ADDRESS **1317 SOUTH PARK AVENUE**
 CITY-ST-ZIP **SANFORD FL 32771**

TITLE **(Dir. Treasurer) DT** ☐ Change ☒ Addition
 NAME **Giovannina Suluh, Giovannina**
 STREET ADDRESS **208 W. 19th St.**
 CITY-ST-ZIP **Sanford, FL 32771**

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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]

Mar 25, 2002 (407) 323-8726

CR2E037 (9/01)