

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
Sep 02, 2003 8:00 am
Secretary of State

09-02-2003 90177 002 ****61.25

UBR123

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.

PO Box 4200

City & State City & State

Sanford FL **Sanford FL**

Zip Country Zip Country

32772 USA



CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City State Zip Code

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|---------------------------------|
| TITLE | DPC | <input type="checkbox"/> Delete |
| NAME | FUSCO, DOMENIC | |
| STREET ADDRESS | 1317 SOUTH PARK AVENUE | |
| CITY-ST-ZIP | SANFORD FL 32771 | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | FUSCO, CHARLOTTE R | |
| STREET ADDRESS | 1317 S. PARK AVE | |
| CITY-ST-ZIP | SANFORD FL 32771 | |
| TITLE | DS | <input type="checkbox"/> Delete |
| NAME | RENSHAW, VIVIAN | |
| STREET ADDRESS | 5912 JASON ST | |
| CITY-ST-ZIP | ORLANDO FL 32809 | |
| TITLE | DT | <input type="checkbox"/> Delete |
| NAME | SULUH, GIOVANNINA | |
| STREET ADDRESS | 208 W 19TH ST. | |
| CITY-ST-ZIP | SANFORD FL 32771 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED** 8/29/03 407 302 3777

CR2E037 (4/03)