

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

DOCUMENT # 752503

1. Entity Name

VISIBLE LIGHT, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

PO Box 4200

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sanford FL

Zip

Country

32772

USA

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

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

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
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** ☐ Delete
NAME **FUSCO, DOMENIC**
STREET ADDRESS **1317 SOUTH PARK AVENUE**
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 **DS** ☐ Delete
NAME **RENSHAW, VIVIAN**
STREET ADDRESS **5912 JASON ST**
CITY-ST-ZIP **ORLANDO FL 32809**

TITLE **DT** ☐ Delete
NAME **SULUH, GIOVANNINA**
STREET ADDRESS **208 W 19TH ST.**
CITY-ST-ZIP **SANFORD FL 32771**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (4/03)