

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0414704 AV

DOCUMENT # F94000003559

1. Entity Name
LIGHT FANTASTIC, INC.



FILED

03 APR 15 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
14 S. SWINTON AVE
DELRAY BEACH FL 33444

Mailing Address
14 S. SWINTON AVE
DELRAY BEACH FL 33444

2. Principal Place of Business
255 NE 6TH AVE

3. Mailing Address
255 NE 6TH AVE

Suite, Apt. #, etc.

City & State
DELRAY BEACH, FL

City & State
DELRAY BEACH, FL

Zip
33483

Country
USA

Zip
33483

Country
USA

4. FEI Number
65-0498168

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
SMITHER JR, ROBERT M
14 S. SWINTON AVE.
DELRAY BEACH FL 33444

7. Name and Address of New Registered Agent
Name
WINTZER, WILLIAM R.
Street Address (P.O. Box Number is Not Acceptable)
255 NE 6TH AVE
City
DELRAY BEACH FL
Zip Code
33483

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 William R. Wintzer WILLIAM R. WINTZER A/T 4/14/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD WORRELL JR, THOMAS E 14 S. SWINTON AVE. DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD WORRELL, THOMAS E, JR 255 NE 6TH AVE DELRAY BEACH, FL 33483 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD FREAKLEY, EDWIN M 14 SOUTH SWINTON AVE DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD SAN MARTIN, MARTA 255 NE 6TH AVE DELRAY BEACH, FL 33483 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WORRELL, ODETTE A 14 S. SWINTON AVE. DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SMITHER JR, ROBERT M 14 S. SWINTON AVE. DELRAY BEACH FL 33444 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GOODYEAR, KIM 125 LA POSTA TAOS NM 87577 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GOODYEAR, KIM 125 LA POSTA RD TAOS, NM 87571 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT WINTZER, WILLIAM R 14 S. SWINTON AVE. DELRAY BEACH FL 33444 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	A/T WINTZER, WILLIAM R 255 NE 6TH AVE DELRAY BEACH, FL 33483 <input checked="" 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 607, 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: WILLIAM R. WINTZER WILLIAM R. WINTZER 4/14/03 (561) 243-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)