

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90092 016 ****61.25

DOCUMENT # N00000003074

1. Entity Name

LIGHT INVISIBLE, INC.

Principal Place of Business

Mailing Address

**4412 SMALL POND LN.
TALLAHASSEE FL 32312**

**4412 SMALL POND LN.
TALLAHASSEE FL 32312**

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

59-3682478

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

**BOWLING, TERESA
4412 SMALL POND LN.
TALLAHASSEE FL 32312**

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 ☐ Delete
NAME **PD BOWLING, TERESA**
STREET ADDRESS **4412 SMALL POND LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE ☐ Delete
NAME **D BOWLING, DOUGLAS M**
STREET ADDRESS **4412 SMALL POND LANE**
CITY-ST-ZIP **TALLAHASSEE FL 32312**

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

TITLE ☐ Delete
NAME **D TACKETT, JOHN B**
STREET ADDRESS **106 MAYS BRANCH RD**
CITY-ST-ZIP **PIKEVILLE KY 41501**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **P.O. Box 2864**
CITY-ST-ZIP **PIKEVILLE KY 41502**

TITLE ☐ Delete
NAME **D HYLTON, BETTY**
STREET ADDRESS **94 UPPER CHLOE RD**
CITY-ST-ZIP **PIKEVILLE KY 41501**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **141 S. Flat Creek Rd,**
CITY-ST-ZIP **Sevierville Tennessee 37876**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Teresa Bowling
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date **4-27-02** Daytime Phone # **850 906 2373**

CR2E037 (9/01)