## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 30, 2001 8:00 am Secretary of State DOCUMENT # N0000003664 1. Entity Name 04-30-2001 90126 018 \*\*\*\*70.00 LIGHTWEAVERS INTERNATIONAL, INC. Principal Place of Business Mailing Address 545 E VAN BUREN ST 545 E VAN BUREN ST ロリリオムひろう TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) KENDRICK-RAPILLO, REVEREND 545 E VAN BUREN ST TALLAHASSEE FL 32301 Žip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be П Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME FISHER, PHYLLIS S STREET ADDRESS STREET ADDRESS 1138 FISHER RD CITY-ST-ZIP CITY-ST-ZIP CHATTAHOOCHEE FL 32324 ☐ Delete Change ☐ Addition TITLE TITLE D NAME NAME FISHER, STEPHEN G STREET ADDRESS STREET ADDRESS 1138 FISHER RD CITY-ST-ZIP CITY-ST-ZIP CHATTAHOOCHEE FL 32324 ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME KENDRICK-RAPILLO, JEAN REV STREET ADDRESS STREET ADDRESS 545 E VAN BUREN ST CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32301 TITLE ☐ Delete TITI F Change ☐ Addition D NAME NAME KRISTNER, DIANE REV STREET ADDRESS STREET ADDRESS 9234 LUCKY ACRES TR CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32310 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME PIETREWICZ, KATHLEEN M STREET ADDRESS STREET ADDRESS 118 GREEN OAKS RD CITY-ST-ZIP CITY-ST-ZIP HAVANA FL 32333 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STEELMAN, KEN STREET ADDRESS STREET ADDRESS 651 TYRE RD CITY-ST-ZIP CITY-ST-ZIP HAVANA FL 32333 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICE FOR DIRECTOR.

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