

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000008155

1. Entity Name

LADIES OF THE LIGHT, INC.

Principal Place of Business

702 CARONDELAY DRIVE
PENSACOLA FL 32506

Mailing Address

702 CARONDELAY DRIVE
PENSACOLA FL 32506

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: 59-3698338

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

KELLY, ALMA ELIZABETH
702 CARONDELAY DRIVE
PENSACOLA FL 32506

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	D	<input type="checkbox"/> Delete
NAME	KELLY, ALMA ELIZABETH	
STREET ADDRESS	702 CARONDELAY DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32506	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLEMING, DEBBIE	
STREET ADDRESS	7470 DANNY WAY	
CITY-ST-ZIP	PENSACOLA FL 32526	
TITLE	D	<input type="checkbox"/> Delete
NAME	GROVE, DELSA	
STREET ADDRESS	811 WOODLAND DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	FARLEY, HEATHER	
STREET ADDRESS	6055 BELLA DONNA ST	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	<input type="checkbox"/> Delete
NAME	FREE, JACKIE	
STREET ADDRESS	103 KENTUCKY DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32505	
TITLE		<input type="checkbox"/> Delete
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
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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:

Alma Elizabeth Kelly / Alma Elizabeth Kelly 4/16/02 (850) 455-2756

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)