


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90016 040 ****61.25

DOCUMENT # - No 10 0000056A 1. Entity Name Lotus - Light of the Universe, Inc.	
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DO NOT WRITE IN THIS SPACE

20018061

2. Principal Place of Business 150 Kent Road Suite, Apt. #, etc. Suite 2B City & State St Augustine, Florida Zip 32086 Country USA	3. Mailing Address 150 Kent Road Suite, Apt. #, etc. Suite 2B City & State St Augustine, Florida Zip 32086 Country USA
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DO NOT WRITE IN THIS SPACE

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	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
	7. Name and Address of Current Registered Agent	
	Name Spiegel & Utrera, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 Coral Way, 4th Floor City Miami FL Zip Code 33145	

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FEE IS \$61.25
Initial or Amended UBR

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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD Ann Marie St James 3160 Victoria Drive, St Augustine, FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John E Timberlake IV 3160 Victoria Drive, St Augustine, FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D John L Caputo 3160 Victoria Drive, St Augustine, FL 32086	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **JOHN E TIMBERLAKE IV** 3/6/06 904-794-0097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037B (12/02)