

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 03, 2002 8:00 am
Secretary of State
 09-03-2002 90182 015 ****61.25

DOCUMENT # N01000003763

1. Entity Name

LAYERS OF LIGHT FOUNDATION, INC.

Principal Place of Business

**442 4TH AVENUE
 INDIALTANTIC FL 32903**

Mailing Address

**442 4TH AVENUE
 INDIALTANTIC FL 32903**

977985



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2351 Hidden Pine Lane

3. Mailing Address

2351 Hidden Pine Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

PALM BAY, FL

PALM BAY, FL

4. FEI Number

59-3721335

Applied For

Not Applicable

32905

BREVARD

32905

BREVARD

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

**DEANS, THOMAS W P.A.
 47 W. NEW HAVEN AVENUE
 SUITE 200
 MELBOURNE FL 32901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

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 **D JONES, RONALD H**
 STREET ADDRESS **442 4TH AVENUE**
 CITY-ST-ZIP **INDIALTANTIC FL 32903**

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

TITLE ☐ Delete
 NAME **D AVILES, ROBERT A**
 STREET ADDRESS **442 4TH AVENUE**
 CITY-ST-ZIP **INDIALTANTIC FL 32903**

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

TITLE ☐ Delete
 NAME **D SUTKA, SARI Y**
 STREET ADDRESS **442 4TH AVENUE**
 CITY-ST-ZIP **INDIALTANTIC FL 32903**

TITLE ☐ Change ☐ Addition
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 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:

SIGNATURE: Ronald H. Jones

8/31/02

800 4730855

CR2E037 (4/02)