

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N51173

1. Entity Name

UNIVERSAL LIGHT CHAPEL, INC.

FILED
Jul 10, 2001 8:00 am
Secretary of State

07-10-2001 90131 035 ****70.00

Principal Place of Business

Mailing Address

1265 PINEWOOD DR
MELBOURNE FL 32935-6076
US

1265 PINEWOOD DR
MELBOURNE FL 32935
US

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 **59-3175392**

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

PRICE, LOIS L
1265 PINEWOOD DR
MELBOURNE FL 32935

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
After September 12, 2001, 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

TITLE **DP** ☐ Delete
NAME **PRICE, LOIS L**
STREET ADDRESS **1265 PINEWOOD DR**
CITY-ST-ZIP **MELBOURNE FL 32935**

TITLE **DV** ☐ Delete
NAME **GUADALUPE, FRANC**
STREET ADDRESS **245 MELALEUCA DRIVE**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

TITLE **DS** ☐ Delete
NAME **GUADALUPE, FRANC**
STREET ADDRESS **245 MELALEUCA DR**
CITY-ST-ZIP **SATELLITE BCH FL 32937**

TITLE **DT** ☐ Delete
NAME **PICHECO, AILENE**
STREET ADDRESS **345 HULA CIRCLE**
CITY-ST-ZIP **MERRITT ISLAND FL 32952**

TITLE **D** ☐ Delete
NAME **LEMA, CONNIE**
STREET ADDRESS **88 SKY LARK #805**
CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE **D** ☐ Delete
NAME **GUADALUPE, BONNIE L**
STREET ADDRESS **245 MELALEUCA DR**
CITY-ST-ZIP **SATELLITE BEACH FL 32937**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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

TITLE ☐ Change ☐ Addition
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

Lois L Price **PRICE**

July 5 2001 329-259-2641

CR2E037 (5/01)