

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000004941

1. Entity Name

ROAD TO ENLIGHTENMENT, INC.

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90072 024 \*\*\*\*70.00

Principal Place of Business

Mailing Address

4605 HUNTSMAN COURT  
TAMPA FL 33624

4605 HUNTSMAN COURT  
TAMPA FL 05661-0549

2. Principal Place of Business

118 DEBUEL RD.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 549

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
LUTZ, FL

City & State  
MORRISVILLE, VT

4. FEI Number  
59-3465854

Applied For  
Not Applicable

Zip  
33549

Country  
HILLSBOROUGH

Zip  
05661-0549

Country  
LANCASHIRE

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

LUTGEN, NEDA M  
4605 HUNTSMAN COURT  
TAMPA FL 33624

Name  
SAME

Street Address (P.O. Box Number is Not Acceptable)

118 DEBUEL RD.

City  
LUTZ

FL

Zip Code  
33549

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

3/1/00

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LUTGEN, NEDA M  
4605 HUNTSMAN COURT  
TAMPA FL 33624 ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DVP  
LUTGEN, ENRIQUE A  
4605 HUNTSMAN COURT  
TAMPA FL 33624 ☐ Delete

TITLE  
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CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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DS  
LUTGEN, ALFREDO  
4605 HUNTSMAN COURT  
TAMPA FL 33624 ☐ Delete

TITLE  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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]* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-00

Date

(802) 644-1905

Daytime Phone #

CR2E037 (9/99)