

# 2001 UNIFORM BUSINESS REPORT (UBR)

4/30

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90119 018 \*\*\*150.00

**DOCUMENT # P00000046045**

1. Entity Name

**LIGHT FIELDS, INC.**

Principal Place of Business

Mailing Address

**3400 SW 131ST TERR.  
 DAVIE FL 33330**

**3400 SW 131ST TERR.  
 DAVIE FL 33330**

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

**65-1011867**

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

**DELOTTA, JONATHAN  
 3400 SW 131ST TERR.  
 DAVIE FL 33330**

Name

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

City

State

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	DELOTTA, JONATHAN	
STREET ADDRESS	3400 SW 131ST TERR.	
CITY- ST- ZIP	DAVIE FL 33330	
TITLE	D	<input type="checkbox"/> Delete
NAME	HESLIP, ELISSA	
STREET ADDRESS	3400 SW 131ST TERR.	
CITY- ST- ZIP	DAVIE FL 33330	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**JONATHAN DELOTTA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**04-28-01 954-916 9504**

CR2E034 (10/00)