

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2002 8:00 am
Secretary of State

02-06-2002 90010 001 ***158.75

034051 AV

DOCUMENT # P00000046045

1. Entity Name
LIGHT FIELDS, INC.

Principal Place of Business
3400 SW 131ST TERR.
DAVIE FL 33330

Mailing Address
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

4. FEI Number **65-1011867**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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

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 JONATHAN S. DELOTTA Jonathan DeLotta 01-11-02
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 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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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 S. DELOTTA Jonathan DeLotta 01-11-02 954-916-0504
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)