

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 09, 2002 8:00 am**  
**Secretary of State**

09-09-2002 90014 026 \*\*\*150.00

**DOCUMENT # P01000039108**

1. Entity Name  
**IN THE LIGHT, INC.**

Principal Place of Business Mailing Address  
**POST OFFICE BOX 32344 POST OFFICE BOX 32344**  
**PALM BEACH GARDENS FL 33420-2344 PALM BEACH GARDENS FL 33420-2344**

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 **65-1097498** Applied For  
 Not Applicable

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

## 6. Name and Address of Current Registered Agent

**CRESCENZO, RONALD E**  
**515 NORTH FLAGLER DRIVE**  
**18TH FLOOR**  
**WEST PALM BEACH FL 33401**

## 7. Name and Address of New Registered Agent

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 \_\_\_\_\_ (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 \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**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

TITLE ☐ Delete  
 NAME **P/T MARK R. EHMER**  
 STREET ADDRESS **182 BENT TREE DR.**  
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete  
 NAME **VP/S PAULA A. EHMER**  
 STREET ADDRESS **182 BENT TREE DR.**  
 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**9-5-02 561-309-2369**

CR2E034 (4/02)

Attachment

In The Light Inc.  
P.O. Box 32344  
Palm Beach Gardens, FL 33420-2344

Request to waive late fee for 2002 Uniform Business Report  
RE: Document # P01000039108

September 5, 2002

Dear Sir:

I am the President of In The Light, Inc.  
We did not receive prior notice of Uniform Business Report for 2002 and request that the late fee be waived.

Enclosed, please find a check for \$150.00 for the original filing fee.

Thank you for your attention to this matter.



Mark R. Ehmer,

pe:me  
enc: 1