

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000043749  
 1. Entity Name  
 LAYERS OF LIGHT, INC.

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

09-09-2002 90018 024 \*\*\*550.00

Principal Place of Business  
 442 4TH AVENUE  
 INDIALANTIC FL 32903

Mailing Address  
 442 4TH AVENUE  
 INDIALANTIC FL 32903

2. Principal Place of Business  
 2351 Hidden Pine Lane  
 Suite, Apt. #, etc.

3. Mailing Address  
 2351 Hidden Pine Lane  
 Suite, Apt. #, etc.

City & State  
 PALM BAY, FL  
 Zip 32905  
 Country BREVARD

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 PALM BAY, FL  
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4. FEI Number  
 59-3721335  
 Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
 JONES, RONALD  
 442 4TH AVENUE  
 INDIALANTIC FL 32903  
 2351 Hidden Pine Lane  
 PALM BAY, FL 32905

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

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 \$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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
NAME STREET ADDRESS CITY-ST-ZIP	P AVILES, ROBERT A 442 4TH AVENUE 2351 HIDDEN PINE LANE INDIALANTIC FL 32903-PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP	V AVILES, ARTURO F 442 4TH AVENUE 2351 Hidden Pine Lane INDIALANTIC FL 32903-Palm Bay, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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NAME STREET ADDRESS CITY-ST-ZIP	T AVILES, ARTURO F 442 4TH AVENUE 2351 Hidden Pine Lane INDIALANTIC FL 32903-PALM BAY, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP	V SUTTKA, SARI Y 442 4TH AVENUE 2351 Hidden Pine Lane INDIALANTIC FL 32903 Palm Bay, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
NAME STREET ADDRESS CITY-ST-ZIP	D JONES, RONALD 442 4TH AVENUE 2351 Hidden Pine Lane INDIALANTIC FL 32903 Palm Bay, FL 32905	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP

CF2E034 (4/02)

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: *Ronald E. Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/02 8004730855

Date

Daytime Phone #