

FILED
Sep 10, 2002 8:00 am
Secretary of State

08-25-2002 90219 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # ~~P0100065144~~ P0100065144

1. Entity Name

NONNY'S LIGHT, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 5421 MYRICA ROAD
 Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State
 ORLANDO, FL

City & State

Zip
 32810

Country

Zip

Country

4. FEI Number
 59-3729334

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name RICHARD B. COLONStreet Address (P.O. Box Number is Not Acceptable)
5421 MYRICA RD.City ORLANDO, FLZip Code FL 32810**DO NOT WRITE
IN THIS SPACE**

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

RICHARD B. COLON Richard B. Colon9/4/02

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) ☒

January 1 - May 1 Fee is \$150.00
 After May 1 Fee is \$550.00
 Amended UBR is \$61.25
 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 P
 NAME LINDA COLON
 STREET ADDRESS 5421 MYRICA ROAD
 CITY - ST - ZIP ORLANDO, FL 32810

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

TITLE
 NAME
 STREET ADDRESS
 CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE

Linda M. Colon LINDA M. COLON

Date

Daytime Phone #