	R PROFII CORPORAT	
UNIFORM	BUSINESS REPORT (
DOCUMENT # 1. Entity Name	P01000066652	- (S)
GOLDEN LIGHT TECH	INOLOGIES. INC.	(3)



FILED Feb 26, 2003 8:00 am Secretary of State 02-26-2003 90136 010 ***150.00

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TAMPA FLORING 20 3362	City & Sta	ite	City & State				4 FELNumber		Applied For	
Secretary Secr	TAMP	A . FLORIDA		FLOCIO	۸,		59-3731289			
### Store Address of New Registered Agent 7. Name and Address of New Registered Agent Name	Žip	Country						\$9.75		
S. Name and Address of Current Registered Agent KM, ALEXANDER H 3350 W HILLSBORDUGH AVE, UNIT 924 TAMPA FL 33614 City TAMPA FL 3	<u> 3362</u>	5 HILLSBOROUGH	33625	A:il	lcborou	sh	5. Certificate of Status Desired			
Name Street Address P.D. So. Number is Not Acceptable) 12-20-4 KNOLLSWAY (OURT TAMPA FL 33614			nt Registered Agent				7. Name and Address of New Regist			
Signature 8. Tho above named entity submits this statement for the guroose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the celligations	~	•	* . *		Name					
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	12. I hereby c	ertify that,the information supplied with	h this filing does not qualify	for the even	ntion states	d in Spotio	on 110 07/2)/i) Florida Ctatutas 1/			

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

SIGNATURE:

