

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91155 040 ***150.00

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DOCUMENT # P02000057956

1. Entity Name
LESGLOW IN THE SKY CORP.



Principal Place of Business
**100 SOUTH MILITARY TRAIL
SUITE 21
DEERFIELD BEACH FL 33442**

Mailing Address
**100 SOUTH MILITARY TRAIL
SUITE 21
DEERFIELD BEACH FL 33442**

11040760



2. Principal Place of Business

3. Mailing Address

9969 GLADES RD
Suite, Apt. #, etc.

9969 GLADES RD
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

4. FEI Number

Applied For
 Not Applicable

Zip Country
33434

Zip Country
33434

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

Name **GLORIA E. ST. GERMAINE**
Street Address (P.O. - Box Number is Not Acceptable)
22257 MARTELLA AVENUE
City **BOCA RATON** **FL** Zip Code **33433**

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 *Gloria E. St. Germaine* **GLORIA E. ST. GERMAINE - PRESIDENT** **04/18/03**
SIGNATURE, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE IF APPLICABLE. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ST. GERMAINE, GLORIA E 100 SOUTH MILITARY TRAIL SUITE 21 DEERFIELD BEACH FL 33442	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD THI VO, LIEN 100 SOUTH MILITARY TRAIL SUITE 21 DEERFIELD BEACH FL 33442	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Gloria E. St. Germaine* **GLORIA ST. GERMAINE - PRESIDENT** **04/18/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)