

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90118 035 ***158.75

DOCUMENT # P02000103013

1. Entity Name
GUIDING LIGHT FOR CONSUMERS IN CRISIS INC.



Principal Place of Business
2336 S.E. OCEAN BLVD.
PMB 179
STUART FL 34996-3319

Mailing Address
2336 S.E. OCEAN BLVD.
PMB 179
STUART FL 34996-3319



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

020644595

Applied For

Not Applicable

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

CHAVERO, LEONIDA
2336 S.E. OCEAN BLVD.
PMB 179
STUART FL 34996-3319

Name
Carsten A. Sheppard
Street Address (P.O. Box Number is Not Acceptable)
2336 SE Ocean Blvd.
PMB 179
City **Stuart, FLA.** **FL** **Zip Code** **34996-3319**

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

Carsten A. Sheppard
Signature, typed or printed name of registered agent and title if applicable.

Carsten A. Sheppard President
(NOTE: Registered Agent signature required when reinstating)

1/28/03
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 **D** ☐ Delete
NAME **CHAVERO, LEONIDA**
STREET ADDRESS **2336 S.E. OCEAN BLVD. PMB 179**
CITY-ST-ZIP **STUART FL 34996-3319**

TITLE **P** ☐ Change ☒ Addition
NAME **Carsten A. Sheppard**
STREET ADDRESS **2336 SE Ocean Blvd. PMB 179**
CITY-ST-ZIP **Stuart, Florida 34996-3319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **Leonida Chavero**
STREET ADDRESS **2336 SE Ocean Blvd. PMB 179**
CITY-ST-ZIP **Stuart Florida 34996-3319**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

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

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:

Carsten A. Sheppard
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/28/03

CR2E034 (10/02)