

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092936

1. Entity Name

ANALYTICAL LIGHT TOOLS, INC.

**FILED**  
**Aug 16, 2000 8:00 am**  
**Secretary of State**

08-16-2000 90008 030 \*\*\*550.00

Principal Place of Business

Mailing Address

800 LARCH CIRCLE NE. STE #204  
 PALM BAY FL 32905

800 LARCH CIRCLE NE. STE #204  
 PALM BAY FL 32905-6403

2. Principal Place of Business

3. Mailing Address

404 S. Miramar Ave #2

404 S. Miramar Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#2

#2

City & State

City & State

Indialantic, FL

Indialantic, FL

Zip

Country

Zip

Country

32903

USA

32903

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3299119

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

DIXON, GEORGE J  
 800 LARCH CIRCLE NE, STE #204  
 PALM BAY FL 32905

Name

Dixon, George J.

Street Address (P.O. Box Number is Not Acceptable)

404 S. Miramar Ave

#2

City

Indialantic

FL

Zip Code

32903

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

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

TITLE	P	<input type="checkbox"/> Delete
NAME	DIXON, GEORGE J	
STREET ADDRESS	800 LARCH CIRCLE NE, STE #204	
CITY-ST-ZIP	PALM BAY FL 32905	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dixon, George J	
STREET ADDRESS	404 S. Miramar Ave. #2	
CITY-ST-ZIP	Indialantic, FL 32903	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/15/00 (321) 729-0728

CR2E034 (9/99)