

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000063818

1. Entity Name

LUMINOUS CONSULTING, INC.

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90065 029 ***150.00

Principal Place of Business

Mailing Address

8812 BRENNAN CIRCLE
#103
TAMPA FL 33615
US

8812 BRENNAN CIRCLE
#103
TAMPA FL 33615-6183
US

2. Principal Place of Business

3. Mailing Address

4747 W Waters Ave
Suite, Apt. #, etc.
#1003

4747 W Waters Ave
Suite, Apt. #, etc.
#1003

City & State
Tampa FL

City & State
Tampa FL

Zip Country
33614 US

Zip Country
33614 US



DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2819072

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

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

Name

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

City

FL

Zip Code

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]

(NOTE: Registered Agent signature required when reinstating)

4/23/00

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	DCPT	<input type="checkbox"/> Delete
NAME	WESTBROOK, ROBERT L	
STREET ADDRESS	8812 BRENNAN CIRCLE #103	
CITY-ST-ZIP	TAMPA FL 33615	
TITLE	VS	<input checked="" type="checkbox"/> Delete
NAME	WESTBROOK, DIANE M	
STREET ADDRESS	5563 PENTAIL CIR	
CITY-ST-ZIP	TAMPA FL	
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	DCPT VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Westbrook Robert L	
STREET ADDRESS	4747 W Waters Ave #1003	
CITY-ST-ZIP	Tampa FL 33614	
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		
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

Date

813-248-0580

Daytime Phone #

CR2E034 (9/99)