

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000092975

1. Entity Name
LIGHT COMMUNICATIONS, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90112 005 ***150.00

Principal Place of Business

Mailing Address

3106 TANGLEWOOD DRIVE
SARASOTA FL 34239

3106 TANGLEWOOD DRIVE
SARASOTA FL 34239-5630

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0629712

Applied For

Not Applicable

Zip

Country

Zip

Country

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

SCHULTE, ALLAN A
3106 TANGLEWOOD DR
SARASOTA FL 34239

Name MARCIA WRIGHT SCHULTE

Street Address (P.O. Box Number is Not Acceptable)
3106 TANGLEWOOD DR.

City SARASOTA FL 34239

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]*
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 PD
NAME SCHULTE, ALLAN A
STREET ADDRESS 3106 TANGLEWOOD DRIVE
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE VP/DIR
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE STD
NAME SCHULTE, MARCIA WRIGHT
STREET ADDRESS 3106 TANGLEWOOD DRIVE
CITY-ST-ZIP SARASOTA FL 34239 ☐ Delete

TITLE PRES/TRES/DIR
NAME
STREET ADDRESS
CITY-ST-ZIP ☒ Change ☐ Addition

TITLE EVAN M. SCHULTE
NAME 3106 TANGLEWOOD DR.
STREET ADDRESS SARASOTA, FL. 34239
CITY-ST-ZIP ☐ Delete

TITLE DIR./SEC
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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]* Pres/Dir. 4/24/00 941-923-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)