

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 22, 2001 8:00 am
Secretary of State

05-22-2001 90042 044 ***158.75

DOCUMENT #

P96000060030

1. Entity Name

CARDS OF THE LIGHT, INC.

Principal Place of Business

Mailing Address

6052 18TH AVE SW
 NAPLES FLORIDA 33999

CONNIE N PENNEY
 6052 18TH AVE SW
 NAPLES FLORIDA 33999

2. Principal Place of Business

6052 CEDAR TREE LANE

3. Mailing Address

6052 CEDAR TREE LANE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
 NAPLES, FLORIDA

City & State
 NAPLES FLORIDA

4. FEI Number 650700039

Applied For
 Not Applicable

Zip 34116-5408

Country

Zip 34116-5408

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

Jennifer L. Whitelaw
 Law Offices of Jennifer L. Whitelaw
 3838 Tamiami Trail North, Suite 310
 Naples, Florida 34103

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, 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, 2001 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
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 CONNIE N. PENNEY
 6052 18TH AVENUE SW
 NAPLES FLORIDA 33999 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 6052 CEDAR TREE LANE
 NAPLES, FLORIDA 34116-5408 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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

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☐ 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:

Connie N Penney
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-01

Date

Daytime Phone #

CR2E034 (11/00)