

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-31-2003 90154 033 \*\*\*150.00

**DOCUMENT # P96000099254**

1. Entity Name  
**ILLUMINATION SALES ASSOCIATES, INC.**



Principal Place of Business  
**14257 HORRESHOE TRACE  
WELLINGTON FL 33414**

Mailing Address  
**14257 HORRESHOE TRACE  
WELLINGTON FL 33414**

20022297



2. Principal Place of Business

3. Mailing Address

**3460 FAIRLANE FARMS RD**

**"SAME"**

Suite, Apt. #, etc.  
**STE #2**

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**WELLINGTON FL**

City & State

4. FEI Number  
**65-0727739**

Applied For  
Not Applicable

Zip Country  
**33414 USA**

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

**ARIAS, JULIO E  
14257 HORRESHOE TRACE  
WELLINGTON FL 33414**

Name: **JULIO E ARIAS**  
Street Address (P.O. Box Number is Not Acceptable):  
**3460 FAIRLANE FARMS RD  
STE #2**  
City: **WELLINGTON** FL Zip Code: **33414-8755**

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

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

(NOTE: Registered Agent signature required when reinstating)

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 ☐ Delete  
NAME **D ARIAS, JULIO E**  
STREET ADDRESS **14257 HORRESHOE TRACE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☒ Change ☐ Addition  
NAME **JULIO E. ARIAS**  
STREET ADDRESS **833 FOREST GLEN LANE**  
CITY-ST-ZIP **WELLINGTON FL 33414-6329**

TITLE ☐ Delete  
NAME **D ARIAS, EDNA M**  
STREET ADDRESS **14257 HORRESHOE TRACE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☒ Change ☐ Addition  
NAME **D EDNA M. ARIAS**  
STREET ADDRESS **833 FOREST GLEN LANE**  
CITY-ST-ZIP **WELLINGTON FL 33414-6329**

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

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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: **SIGNATURE RETURNED. ARIAS** 1/27/03 561-791-8040  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)