

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0443623 AV

**DOCUMENT # P97000069451**

1. Entity Name  
**SHED SOME LIGHT, INC.**

03-29-2002 90834 010 \*\*\*150.00

Principal Place of Business  
**15210 WATERLINE ROAD**  
**BRADENTON FL 34202**

Mailing Address  
**15210 WATERLINE ROAD**  
**BRADENTON FL 34202**  
**US**



2. Principal Place of Business  
**3934 HUNTINGTON ST NE**

3. Mailing Address  
**3934 HUNTINGTON ST NE**

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**ST. PETERSBURG, FL**

City & State  
**ST. PETERSBURG, FL**

4. FEI Number **65-0772202** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

Zip **33703** Country **USA** Zip **33703** Country **USA**

**6. Name and Address of Current Registered Agent**

**WILKINS, GINA**  
**15210 WATERLINE ROAD**  
**BRADENTON FL 34202**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3934 HUNTINGTON ST NE**

City **ST PETERSBURG** **FL** Zip Code **33703**

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 *Gina M Wilkins*  
 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, 2002 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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	<b>D</b>			
	<b>WILKINS, GINA M</b>			
	<b>15210 WATERLINE ROAD</b>			
	<b>BRADENTON FL 34202</b>			
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete
				<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/> Change <input type="checkbox"/> 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: *Gina M Wilkins*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**727-528-8915**

CR2E034 (9/01)