

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000043927

1. Entity Name

THE LIGHT CONNECTION, INC.

Principal Place of Business

925 WHITE ST.
KEY WEST FL 33040

Mailing Address

925 WHITE ST.
KEY WEST FL 33040-3355

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0836453

Applied For

Not Applied

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

FARRELLY, GREGORY
506 LOUISA ST.
KEY WEST FL 33040

Name

Gregory G. Farrelly

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

Catalfomo & Farrelly

506 Louisa Street

City

Key West

FL

Zip Code

33040

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

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

Gregory G. Farrelly

(NOTE: Registered Agent signature required when reinstating)

01/20/00.

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 PD ☐ Delete
NAME MONTGOMERY, A. SHAWN
STREET ADDRESS 3302 HARRIET AVE.
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS 923 Southard Street
CITY-ST-ZIP Key West, FL 33040

TITLE VDST ☐ Delete
NAME MCRAE, MICHAEL D
STREET ADDRESS 3302 HARRIET AVE.
CITY-ST-ZIP KEY WEST FL 33040

TITLE ☒ Change ☐ Add
NAME
STREET ADDRESS 923 Southard Street
CITY-ST-ZIP Key West, FL 33040

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Michael D. McRae
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90043 038 ***150.00

8-0-9563



DO NOT WRITE IN THIS SPACE