

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000097077

1. Entity Name

FIRST LIGHT CREATIONS, INC.

FILED
Jan 26, 2001 8:00 am
Secretary of State

01-26-2001 90140 016 ***150.00

Principal Place of Business

7731 MANDARIN DR.
BOCA RATON FL 33433

Mailing Address

7731 MANDARIN DR.
BOCA RATON FL 33433

2. Principal Place of Business

1011 BEACH DR
Suite, Apt. #, etc.
Delray Beach FL
City & State
~~BOCA RATON FL~~

3. Mailing Address

1011 BEACH DR
Suite, Apt. #, etc.
Delray Beach FL
City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0876983

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELGER, GEORGIA

~~7731 MANDARIN DR.~~
~~BOCA RATON FL 33433~~

1011 BEACH DR
DELRAY BEACH FL
33483

7. Name and Address of New Registered Agent

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

1-18-01

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

TITLE P
NAME FELGER, GEORGIA
STREET ADDRESS 7731 MANDARIN DR
CITY-ST-ZIP BOCA RATON FL 33433 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE SAME
NAME
STREET ADDRESS 1011 Beach Drive
CITY-ST-ZIP Delray Beach FL 33483 ☒ Change ☐ Addition

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

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

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

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-18-01/561 330-0048

CR2E034 (10/00)