

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90112 003 \*\*\*150.00

DOCUMENT # P99000005080

1. Entity Name

Light Years Associates, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

398 Douglas Ave  
Suite, Apt. #, etc.

3. Mailing Address

398 Douglas Ave  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

City & State

Altamonte Springs, FL

Zip

32714

Country

USA

4. FEI Number

59-3558304

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Judith A. Diaz

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

3524 Vestavia Way

City

Longwood

FL

Zip Code

32779

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

11/27/03

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE	
NAME	Diaz, Judith A
STREET ADDRESS	3524 Vestavia Way
CITY-ST-ZIP	Longwood, FL 32779
TITLE	VP
NAME	Diaz, Andre
STREET ADDRESS	3524 Vestavia Way
CITY-ST-ZIP	Longwood, FL 32779
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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 #

11/27/03 407-862-4737

CR2E034B (12/02)