

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2002 8:00 am
Secretary of State

02-26-2002 90121 038 ***150.00

DOCUMENT # P99000018479

1. Entity Name
LIGHTZ FANTASTIC INTERNATIONAL, INC.

Principal Place of Business
3829 LOUIS CIRCLE
TARPON SPRINGS FL 34689

Mailing Address
3438 EAST LAKE ROAD
SUITE 14 #682 PMB
PALM HARBOR FL 34685

B0031463



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 14 PMB 682

City & State

City & State

4. FEI Number 59-3568454

Applied For

Not Applicable

Zip

Country

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

BOSSE, ROSANNE E
3829 LOUIS CIRCLE
TARPON SPRINGS FL 34689

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

Rosanne E Bosse

2/6/02

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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PVST** ☐ Delete
NAME **BOSSE, ROSANNE**
STREET ADDRESS **3829 LOUIS CIRCLE**
CITY-ST-ZIP **TARPON SPRINGS FL 34689**

TITLE **President / Sect-Tres** ☒ Change ☐ Addition
NAME **Rosanne Bosse**
STREET ADDRESS **3829 Louis Circle**
CITY-ST-ZIP **Tarpon Springs FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
NAME **Michael Bosse**
STREET ADDRESS **3829 Louis Circle**
CITY-ST-ZIP **Tarpon Springs, FL 34689**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Rosanne E Bosse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/02 727)942-3030

Date

Daytime Phone #

CR2E034 (9/01)