

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 29, 2001 8:00 am
Secretary of State

08-29-2001 90017 015 ***550.00

DOCUMENT # P99000110658

1. Entity Name

A LIGHT IN THE FOREST, INC.

Principal Place of Business

**15-103 VIA DE CASAS SUR
 BOYNTON BCH FL 33426**

Mailing Address

**15-103 VIA DE CASAS SUR
 BOYNTON BCH FL 33426**

C0075836



2. Principal Place of Business

1050 MACO DRIVE
 Suite, Apt. #, etc.

3. Mailing Address

1050 MACO DRIVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORT ST. LUCIE FL

City & State

PORT ST LUCIE FL

4. FEI Number

65-0970938

Applied For

Not Applicable

Zip

34953

Country

FL

Zip

34953

Country

FL

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MITCHELL, STANLEY E
 15-103 VIA DE CASAS SUR
 BOYNTON BCH FL 33426**

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

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 \$550.00

**After September 12, 2001 Fee will be \$750.00
 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 **PD** ☒ Delete
 NAME **MITCHELL, STANLEY E**
 STREET ADDRESS **15-103 VIA DE CASAS SUR**
 CITY-ST-ZIP **BOYNTON BCH FL 33426**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
 NAME **MITCHELL, STANLEY E**
 STREET ADDRESS **1050 MACO DRIVE**
 CITY-ST-ZIP **PORT ST LUCIE FL 34953**

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

TITLE ☐ Change ☐ Addition
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 NAME
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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 19, 2001 (864) 582-1200
 Date Daytime Phone #

CR2E034 (5/01)