

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V52847

1. Entity Name

HERBS OF LIGHT, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90067 026 \*\*\*150.00

Principal Place of Business

Mailing Address

~~P.O. BOX 260456~~

P.O. BOX 260456

~~TAMPA FL 33685-0456~~

TAMPA FL 32655-1648

~~PO BOX 260456 1648~~

PO BOX 1648

HIGH SPRINGS FL 32655

HIGH SPRINGS FL 32655

2. Principal Place of Business

3. Mailing Address

PO BOX 1648

PO BOX 1648

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

HIGH SPRING FL

City & State

HIGH SPRINGS FL

Zip

Country

32655

Zip

Country

32655

4. FEI Number

59-3135311

Applied For

Not Applicable

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

MARTENS, DEAN W.  
 29315 NW COUNTY RD 241  
 ALACHUA FL 32615

Name

MARTENS, DEAN W.

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

29315 NW COUNTY RD 241

City

Alachua

FL

Zip Code

32615

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 DEAN W. MARTENS

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, 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 **P** ☐ Delete  
 NAME **MARTENS, DEAN W.,**  
 STREET ADDRESS **29315 NW CR #241**  
 CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE **ST** ☐ Delete  
 NAME **YOUNG, MICHELE**  
 STREET ADDRESS **29315 NW CR #241**  
 CITY-ST-ZIP **ALACHUA FL 32615**

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

TITLE ☐ Delete  
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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 the empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)