

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jan 26, 2000 8:00 am**  
**Secretary of State**

01-26-2000 90120 021 \*\*\*150.00

**DOCUMENT # F99000005860**

1. Entity Name

**ILLUMINATIONS.COM, INC.**

Principal Place of Business

**1995 SOUTH MCDOWELL BLVD.. BLDG. #A  
PETALUMA CA 94954**

Mailing Address

**1995 SOUTH MCDOWELL BLVD.. BLDG. #A  
PETALUMA CA 94954-6919**

**806580**

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Petaluma, CA**

4. FEI Number

**84-1337436**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**94954**

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.  
526 EAST PARK AVENUE  
TALLAHASSEE FL 32301**

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 \$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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ARNOLD, WALLIS 1995 SOUTH MCDOWELL BLVD. PETALUMA CA 94954</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V CARROLL, DENNIS 1995 SOUTH MCDOWELL BLVD. PETALUMA CA 94954</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V SUN, PAULETTE 1995 SOUTH MCDOWELL BLVD. PETALUMA CA 94954</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S DAVIS, MICHAEL 1995 SOUTH MCDOWELL BLVD. PETALUMA CA 94954</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS SHERWOOD, KATHLEEN 1995 SOUTH MCDOWELL BLVD. PETALUMA CA 94954</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NIMMO, BILL 500 BOYLSTON STREET, 18TH FLOOR BOSTON MA 02116</b> <input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Founder, CEO Arnold, Wallis 1995 South McDowell Blvd. Petaluma, CA 94954</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President, COO Carroll, Dennis 1995 South McDowell Blvd Petaluma, CA 94954</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Sr. VP DAVIS, Paulette SUN 1995 S. McDowell Blvd Petaluma, CA 94954</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:

**Paulette Sun Davis Sr. VP/Treasurer 1/7/00 776-2010**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #