

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Sep 04, 2003 8:00 am**  
**Secretary of State**

09-04-2003 90064 032 \*\*\*158.75

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**DOCUMENT # F02000001583**

1. Entity Name  
**HITE THREE, INC.**



Principal Place of Business  
**P.O. BOX 4  
TOMS RIVER NJ 08754**

Mailing Address  
**P.O. BOX 4  
TOMS RIVER NJ 08754**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **22-3840257**

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**PRATT, DAVID ESQ.  
C/O DAVID PRATT AND ASSOCIATES, P.A.  
2101 CORPORATE BLVD., STE. 220  
BOCA RATON FL 33431**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**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 STREET ADDRESS CITY-ST-ZIP	<b>P CITTA, LILLIAN R P.O. BOX 4 TOMS RIVER NJ 08754</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST CITTA, JOSEPH A P.O. BOX 4 TOMS RIVER NJ 08754</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>J. PHILLIP CITTA P.O. Box 4 Toms River, N.J. 08754</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ROSANNE L. CITTA P.O. BOX 4 TOMS RIVER, N.J. 08754</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T JOSEPH A. CITTA, JR. P.O. Box 4 Toms River, N.J. 08754</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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **8/29/03**

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR Date Daytime Phone #



CHECK HERE IF MAKING CHANGES

CR2E034 (4/03)

Attachment  
80143669

HITE THREE, INC.  
248 Washington Street, P.O. Box 4  
Toms River, New Jersey 08754

August 29, 2003

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, FL 32302- 1500

In re: 2003 For Profit Corporation Uniform Business Report (UBR)  
Document #F02000001583

Gentlemen:

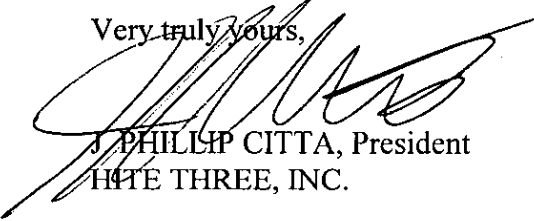
Please be advised that this is the first notice we have received with regard to the filing of the 2003 Report.

We did not receive any other notice.

We hereby request that you waive the penalties in this matter.

Thank you for giving this matter your consideration.

Very truly yours,



J. PHILLIP CITTA, President  
HITE THREE, INC.

JPC:mr