

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

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90080 025 \*\*\*150.00

**DOCUMENT # K34820**



1. Entity Name  
**BRIGHT AIR, INC.**

Principal Place of Business  
**% DAVID C. BRIGHT**  
**6707 CRESCENT RIDGE ROAD**  
**ORLANDO FL 32810**

Mailing Address  
**% DAVID C. BRIGHT**  
**6707 CRESCENT RIDGE ROAD**  
**ORLANDO FL 32810**



2. Principal Place of Business  
**708 MUIRFIELD CIR.**

3. Mailing Address  
**708 MUIRFIELD CIR.**

Suite, Apt. #, etc.  
**APOPKA**

Suite, Apt. #, etc.  
**APOPKA**

City & State  
**APOPKA, FL.**

City & State  
**APOPKA, FL.**

4. FEI Number **59-2907714**

Applied For  
 Not Applicable

CHECK HERE IF MAKING CHANGES

Zip **32712** Country **ORANGE**

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

6. Name and Address of Current Registered Agent

**BRIGHT, DAVID C.**  
**6707 CRESCENT RIDGE ROAD**  
**ORLANDO FL 32810**

7. Name and Address of New Registered Agent

Name **BRIGHT, DAVID C.**

Street Address (P.O. Box Number is Not Acceptable)  
**708 MUIRFIELD CIR.**

City **APOPKA** FL Zip Code **32712**

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 **DAVID C. BRIGHT** **David C. Bright** **1/6/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>BRIGHT, DAVID C.</b>       |                                 |
| STREET ADDRESS | <b>6707 CRESCENT RIDGE RD</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>             |                                 |
| TITLE          | <b>D</b>                      | <input type="checkbox"/> Delete |
| NAME           | <b>BRIGHT, ITALIA-LEE</b>     |                                 |
| STREET ADDRESS | <b>6707 CRESCENT RIDGE RD</b> |                                 |
| CITY-ST-ZIP    | <b>ORLANDO FL</b>             |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |
| TITLE          |                               | <input type="checkbox"/> Delete |
| NAME           |                               |                                 |
| STREET ADDRESS |                               |                                 |
| CITY-ST-ZIP    |                               |                                 |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                           |                                                                              |
|----------------|---------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>P/D</b>                | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>BRIGHT, DAVID C.</b>   |                                                                              |
| STREET ADDRESS | <b>708 MUIRFIELD CIR.</b> |                                                                              |
| CITY-ST-ZIP    | <b>APOPKA, FL. 32712</b>  |                                                                              |
| TITLE          | <b>V/S/T/D</b>            | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>BRIGHT, ITALIA-LEE</b> |                                                                              |
| STREET ADDRESS | <b>708 MUIRFIELD CIR.</b> |                                                                              |
| CITY-ST-ZIP    | <b>APOPKA, FL. 32712</b>  |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-ST-ZIP    |                           |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-ST-ZIP    |                           |                                                                              |
| TITLE          |                           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                           |                                                                              |
| STREET ADDRESS |                           |                                                                              |
| CITY-ST-ZIP    |                           |                                                                              |

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: **DAVID C. BRIGHT** **David C. Bright** **1/6/03** **407/236/1402**

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

CR2E034 (10/02)