


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

FILED

03 SEP 22 PM 2:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P9800060072
1. Entity Name
BRIGHOUSE HOSPITALITY GROUP, INC.



Principal Place of Business Mailing Address
PO BOX 335 PO BOX 335
FREEPORT, ME 04032 FREEPORT, ME 04032

2. Principal Place of Business 3. Mailing Address
1148 TORTUGA CIR. NE 1148 TORTUGA CIR. NE
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
ST. PETERSBURG FL. ST. PETERSBURG, FL.
Zip Country Zip Country
33702 USA 33702 USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**SHEA, JOHN J JR
2940 SOUTH TAMiami TRAIL
SARASOTA, FL 34239**

4. FEI Number **65-0852009** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required

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.
CAROLYN S. PITT
SIGNATURE: *Carolyn S. Pitt* president DATE: **9/19/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Amended UBR is \$81.25
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	D PITT, CAROLYN S 138 MAQUOIT DRIVE FREEPORT, ME 04032	<input checked="" type="checkbox"/> Delete ?
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PITT, DAVID R 138 MAQUOIT DRIVE FREEPORT, ME 04032	<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	D PITT, CAROLYN S. 1148 TORTUGA CIR. NE ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PITT, DAVID R. 1148 TORTUGA CIR. NE ST. PETERSBURG, FL 33702	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 00023358331 03/26/03-01018--022 **550.00	<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
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: *Carolyn S. Pitt* CAROLYN S. PITT 9/19/03 7275278237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)