

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90117 004 ***150.00

DOCUMENT # S91762
 1. Entity Name
I.D. LITE, INC.

Principal Place of Business Mailing Address
4645 A SOUTHERN BLVD. **4645-A SOUTHERN BLVD.**
WEST PALM BEACH FL 33415 **WEST PALM BEACH FL 33415-2122**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
65-0293891 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BRAMS, DANIEL J.
1645 PALM BCH LKS BLVD
STE 1050
W PALM BEACH FL 33401

7. Name and Address of New Registered Agent
 Name Peter Hoffman
 Street Address (P.O. Box Number is Not Acceptable)
4645-A Southern Blvd.
 City W. Palm Beach FL Zip Code 33415

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] DATE 4/19/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D	<input type="checkbox"/> Delete
NAME	HOFFMAN, PETER	
STREET ADDRESS	4645 A SOUTHERN BLVD	
CITY-ST-ZIP	W PALM BEACH FL	
TITLE	PST	<input type="checkbox"/> Delete
NAME	HOFFMAN, PETER	
STREET ADDRESS	4645 A SOUTHERN BLVD	
CITY-ST-ZIP	W PALM BEACH FL	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: [Signature] Date 4/19/00 Daytime Phone # 561-684-8499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)