

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90223 045 ***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.~~

973954



2. Principal Place of Business 3. Mailing Address
3033 S. Congress Ave. **3033 S. Congress Ave.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State City & State
Palm Springs, FL. **Palm Springs, FL**
 Zip Country Zip Country
33461 **USA** **33461** **USA**

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
HOFFMAN, PETER
~~4645-A SOUTHERN BOULEVARD.~~
~~WEST PALM BEACH FL 33405~~

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
3033 S. Congress Avenue
 City **Palm Springs** **FL** Zip Code **33461**

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 _____ DATE _____
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, 2002 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	D HOFFMAN, PETER 4645-A SOUTHERN BLVD W PALM BEACH FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST HOFFMAN, PETER 4645-A SOUTHERN BLVD W PALM BEACH FL <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3033 S. Congress Avenue Palm Springs, FL. 33461
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3033 S. Congress Avenue Palm Springs, FL. 33461
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
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: _____ **8/6/02** **561-432-1333**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)

Attachments

973954

I.D. LITE, INC.
3033 South Congress Avenue
Palm Springs, FL 33461
561-432-1333

Florida Department of State
Uniform Business Report Filing
P.O. Box 1500
Tallahassee, FL 32302-1500

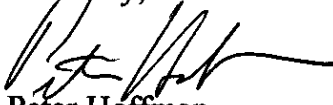
August 6, 2002

RE: I.D. Lite, Inc. Document #S91762

Dear Sir, or MS.,

As per my telephone conversation with your office, please find enclosed my check in the amount of \$150.00 for the annual filing. Our business moved to a new location, and we just received the renewal in the mail. Please do note the changes shown on the report.

Sincerely,



Peter Hoffman
President