

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.

Suite, Apt. #, etc.

City & State
APOPKA, FL.

City & State
APOPKA, FL.

Zip
32712 Country
ORANGE

Zip
32712 Country
ORANGE

4. FEI Number
59-2907714

Applied For
Not Applicable

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 NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHT, DAVID C. 6707 CRESCENT RIDGE RD ORLANDO FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHT, ITALIA-LEE 6707 CRESCENT RIDGE RD ORLANDO 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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