

**2003 LIMITED PARTNERSHIP  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A02000000340**

1. Entity Name  
**BRITE FUTURE SERVICES, LTD.**



Principal Place of Business  
**201 NORTHEAST 14TH AVENUE, SUITE 12-A  
HALLANDALE FL 33009**

Mailing Address  
**201 NORTHEAST 14TH AVENUE, SUITE 12-A  
HALLANDALE FL 33009**

**FILED**

**03 JAN 30 AM 9:41**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**DUE BY MAY 1, 2003**

City & State

City & State

4. FEI Number

**03-0408374**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.  
1840 SOUTHWEST 22ND STREET, 4TH FLOOR  
MIAMI FL 33145**

Name

**JOANNE M LITTLEJOHN**

Street Address (P.O. Box Number is Not Acceptable)

**201 NE 14th AVE  
HALLANDALE FL 33009**

Zip Code

**33009**

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

**Joanne M Littlejohn**

**1-7-2003**

DATE

9. Capital Contributions  
as Shown on record.

**\$1,000.00**

10. Amount of Capital Contributions  
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000078190**  
NAME **BRITE FUTURE PLUMBING, INC.**  
STREET ADDRESS **201 NORTHEAST 14TH AVENUE, SUITE 12-A**  
CITY-ST-ZIP **HALLANDALE FL 33009**

STREET ADDRESS  
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CITY-ST-ZIP  
**600011395876**  
**01/30/03--01042--003 \*\*150.00**

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**M THOMAS**

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

**JOANNE M LITTLEJOHN** **1-7-03** **1954-458-0926**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (10/02)