

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96295

1. Entity Name

BRIGHT OUTDOORS, INC.

Principal Place of Business

NY ROUTE 11
KIRKWOOD NY 13795
US

Mailing Address

P.O. BOX 577
BINGHAMTON NY 13902-0577
US

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

59-2210705

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GRINER, WARD J
21902 STATE RD. 46
MT. DORA FL 32757

(Retired)

7. Name and Address of New Registered Agent

Name Power-Tel Utility Products, Inc.
Street Address (P.O. Box Number is Not Acceptable)
955 Harbor Lake Court
City Safety Harbor FL Zip Code 34695

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 X *Randall A. Smith*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/14/00
DATE

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 P
NAME ZURN, ROBERTA
STREET ADDRESS 2353 FARM TO MARKET ROAD
CITY-ST-ZIP JOHNSON CITY NY ☐ Delete

TITLE S
NAME CROWLEY, D.F.
STREET ADDRESS 66 KENILWORTH ROAD
CITY-ST-ZIP BINGHAMTON NY ☐ Delete

TITLE T
NAME SKIADAS, JAMES
STREET ADDRESS 29 SANDY LN
CITY-ST-ZIP BINGHAMTON NY ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: *Robert Zurn, President*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-11-2000 6077754340
Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)