

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002875

1. Entity Name

NIGHTLITES PROFESSIONAL LIGHTSCAPING, INC.

Principal Place of Business

2520 FLOWER ROAD
VENICE FL 34293-2609

Mailing Address

2520 FLOWER ROAD
VENICE FL 34293-2609

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

PAULIN, JAMES W
2520 FLOWER ROAD
VENICE FL 34293-2609

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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
PC
PAULIN, JAMES W
2520 FLOWER ROAD
VENICE FL 34293 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
V
FISHER, JOHN
373 BEARDED OAKS CIRCLE
SARASOTA FL 34232 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
STVC
PAULIN, KAREN D
2520 FLOWER ROAD
VENICE FL 34293-2609 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
KOCH, KAREN
15920 MARSHFIELD DR
TAMPA FL 33624 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
JANSEN, HENK
248 LOYOLA ROAD
VENICE FL 34293-6521 ☐ 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
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CITY - ST - ZIP
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☐ 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.

ORIGINATOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90041 048 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)