

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H50246

1. Entity Name

NITE-BRIGHT SIGN COMPANY, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90120 001 ***150.00

Principal Place of Business

Mailing Address

C/O DAVID W. MATHEY, SR.
16061 PINE RIDGE ROAD
FT MYERS FL 33908-9634

C/O DAVID W. MATHEY, SR.
16061 PINE RIDGE ROAD
FT MYERS FL 33908-2634

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

06-0755096

Applied For

Not Applicable

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

MATHEY, DAVID W., SR.
PINE RIDGE ROAD
FT MYERS FL

Name

DAVID W. MATHEY, JR.

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

1309 SEASPRAY LANE

City

SANIBEL

FL

Zip Code

33957

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

David W. Mathey, Jr.

DAVID W. MATHEY, JR VICE-PRES. 04/27/00

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
PD	MATHEY, DAVID W., SR.	4453 WATERSEDGE LANE	SANIBEL FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DS	MATHEY, AGNES W.	4453 WATERSEDGE LANE	SANIBEL FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DV	MATHEY, DAVID W., JR.	1309 SEASPRAY LANE	SANIBEL FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
DT	WRIGHT, KATHERINE M.	3644 LIBERTY SQUARE	FT. MYERS FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: *Katherine M. Wright* KATHERINE M. WRIGHT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/27/00

Date

941-466-2616

Daytime Phone #

CR2E034 (9/99)