

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 02, 2001 8:00 am**
Secretary of State

05-02-2001 90182 050 ***150.00

DOCUMENT # H50246

1. Entity Name

NITE-BRIGHT SIGN COMPANY, INC.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

C/O DAVID W. MATHEY, JR.

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

C/O DAVID W. MATHEY, JR.

Suite, Apt. #, etc.

City & State

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****MATHEY, DAVID W., SR.
PINE RIDGE ROAD
FT MYERS FL****7. Name and Address of New Registered Agent**Name **DAVID W. MATHEY, JR.**

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

1309 SEASPRAY LANECity **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

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

DAVID W. MATHEY JR

(NOTE: Registered Agent signature required when reinstating)

4/27/01
DATE9. 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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**TITLE **PD** ☐ Delete
NAME **MATHEY, DAVID W., SR.**
STREET ADDRESS **4453 WATSEEDGE LANE**
CITY-ST-ZIP **SANIBEL FL**TITLE **DS** ☐ Delete
NAME **MATHEY, AGNES W.**
STREET ADDRESS **4453 WATSEEDGE LANE**
CITY-ST-ZIP **SANIBEL FL**TITLE **DV** ☐ Delete
NAME **MATHEY, DAVID W., JR.**
STREET ADDRESS **1309 SEASPRAY LANE**
CITY-ST-ZIP **SANIBEL FL**TITLE **DT** ☐ Delete
NAME **WRIGHT, KATHERINE M.**
STREET ADDRESS **3644 LIBERTY SQUARE**
CITY-ST-ZIP **FT. MYERS FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KATHERINE M. WRIGHT **KATHERINE M. WRIGHT**

Date

4/27/01
941-466-2616

Daytime Phone #

CR2E034 (10/00)