

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **H 62525**

1. Entity Name

**BRIGHT MAINTENANCE, INC**

Principal Place of Business

**2223 NOVA VILLAGE DR.  
DAVIE, FL. 33317**

Mailing Address

**2223 NOVA VILLAGE DR.  
DAVIE, FL. 33317**

2. Principal Place of Business

**10284 BROOKVILLE LN**

3. Mailing Address

**10284 BROOKVILLE LN**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**BOCA RATON FL**

City & State

**BOCA RATON FL**

Zip

**33428**

Country

**USA**

Zip

**33428**

Country

**USA**

4. FEI Number

**59-2547227**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CASTAGNA, CONCETTA  
2223 NOVA VILLAGE DRIVE  
DAVIE, FL 33317**

7. Name and Address of New Registered Agent

Name

**CASTAGNA, CONCETTA**

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

**10284 BROOKVILLE LN**

City

**BOCA RATON**

**FL**

Zip Code

**33428**

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



**CONCETTA CASTAGNA**

**4 30 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

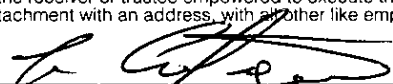
TITLE	<b>PV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASTAGNA, GEMMA</b>	
STREET ADDRESS	<b>2223 NOVA VILLAGE DR.</b>	
CITY-ST-ZIP	<b>DAVIE, FL. 33317</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CASTAGNA, CONCETTA</b>	
STREET ADDRESS	<b>2223 NOVA VILLAGE DR.</b>	
CITY-ST-ZIP	<b>DAVIE, FL. 33317</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTAGNA, GEMMA</b>	
STREET ADDRESS	<b>10284 BROOKVILLE LN</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL. 33428</b>	
TITLE	<b>ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CASTAGNA, CONCETTA</b>	
STREET ADDRESS	<b>10284 BROOKVILLE LN</b>	
CITY-ST-ZIP	<b>BOCA RATON, FL. 33428</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:



**CONCETTA CASTAGNA**

**4 30 00**

**561 470 1331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)