

2003 **FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91847 008 ***150.00

DOCUMENT # H 62525

1. Entity Name

BRIGHT MAINTENANCE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

23323 TREE LINE DR

Suite, Apt. #, etc.

3. Mailing Address

23323 TREE LINE DR

Suite, Apt. #, etc.

City & State

BOCA RATON FL

City & State

BOCA RATON FL

Zip

33428

Country

USA

Zip

33428

Country

USA

4. FEI Number

59-2347227

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

90129442

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CASTAGNA, JOSEPH

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

23323 TREE LINE DR

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

[Signature]

JOSEPH CASTAGNA

4/30/03

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

(NOTE: Registered Agent signature required when reissuing)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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	PST D
NAME	CASTAGNA JOSEPH
STREET ADDRESS	23323 TREE LINE DR
CITY - ST - ZIP	BOCA RATON FL 33428
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowerments.

SIGNATURE:

[Signature]

JOSEPH CASTAGNA

4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Corporate Phone #

CR2E034B (12/01)