

2003 CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2003 8:00 am
Secretary of State

02-11-2003 90048 030 ****55.00

DOCUMENT # **F03000002087**

1. Entity Name

BRIGHT IDEAS, INC.



Principal Place of Business
9106 LAKE CHASE ISLAND WAY
WEST CHASE FL 33626

Mailing Address
9106 LAKE CHASE ISLAND WAY
WEST CHASE FL 33626

2. Principal Place of Business
12520 Sparkleberry Rd.
 Suite, Apt. #, etc.

3. Mailing Address
12520 Sparkleberry Rd.
 Suite, Apt. #, etc.

City & State
Tampa FL

City & State
Tampa FL

Zip
33626

Country
Hillsborough

Zip
33626

Country
Hillsborough

4. FEI Number
52-2236893

Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

FLIPPO, FRANK
9106 LAKE CHASE ISLAND WAY
WEST CHASE FL 33626

7. Name and Address of New Registered Agent

Name
Frank Flippo
 Street Address (P.O. Box Number is Not Acceptable)
12520 Sparkleberry Rd.
 City
Tampa FL Zip Code
33626

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Frank Flippo President

3 Feb 03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00. \$150.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FLIPPO, FRANK 9106 LAKE CHASE ISLAND WAY WEST CHASE FL 33626	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLIPPO, KARIN 7001 HALIFAX CT. TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CUBERO, TAMMY 1246 BAYCOVE LANE LUTZ FL 33549	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Flippo, Frank 12520 Sparkleberry Rd Tampa, FL 33626	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		ange <input type="checkbox"/> Addition FF \$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Cubero, Tammy 1246 BayCove Lane Lutz, FL 33549	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Rafael Aguel P.O. Box 3743 Hallandale, FL 33008	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Frank Flippo President

3 Feb 03

813-391-6716

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2003 (10/02)