

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90073 031 ****61.25

DOCUMENT # NO1000002123

1. Entity Name
FOR BRIGHT KIDS, INC.



Principal Place of Business

**12986 HARBORTON DR
JACKSONVILLE FL 32224**

Mailing Address

**14149 PINE ISLAND DR
JACKSONVILLE FL 32224**

2. Principal Place of Business

12992 CHETS CREEK DR N

3. Mailing Address

P.O. BOX 16175

Suite, Apt. #, etc.

Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

JACKSONVILLE FL

City & State

JACKSONVILLE FL

4. FEI Number **31-1789095**

Applied For

Not Applicable

Zip

32224

Country

DUVAL

Zip

32245

Country

DUVAL

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MULLARKEY, PAM
14149 PINE ISLAND DR
JACKSONVILLE FL 32224**

7. Name and Address of New Registered Agent

Name **BUSSARD, DELBERT G**
Street Address (P.O. Box Number is Not Acceptable)
12992 CHETS CREEK DR N
City **JACKSONVILLE** FL Zip Code **32224**

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 *Delbert G. Bussard* **DELBERT G. BUSSARD TREASURER JAN 15, 2003**
(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	POWELL, VICKIE	
STREET ADDRESS	12986 HARBORTON DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	BAINBRIDGE, JEFF	
STREET ADDRESS	P O BOX 56391	
CITY-ST-ZIP	JACKSONVILLE FL 32241	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	BAINBRIDGE, DENISE	
STREET ADDRESS	P O BOX 56391	
CITY-ST-ZIP	JACKSONVILLE FL 32241	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MULLARKEY, PAM	
STREET ADDRESS	14149 PINE ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	BMD	<input checked="" type="checkbox"/> Delete
NAME	NETHERTON, SUSAN	
STREET ADDRESS	13861 HANOVER PARK CT	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHRISTIE, CHARLIE	
STREET ADDRESS	PO BOX 428	
CITY-ST-ZIP	PONTE VEDRA BCH FL 32004	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL VICKIE	
STREET ADDRESS	12986 HARBORTON DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DE VAUGH, CONSTANCE	
STREET ADDRESS	2654 LOWELL AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRIS, BARBARA	
STREET ADDRESS	2005 WOODLEIGH DR	
CITY-ST-ZIP	JACKSONVILLE FL 32211	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULLAREY, PAM	
STREET ADDRESS	14149 PINE ISLAND DR	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BUSSARD, DELBERT G	
STREET ADDRESS	12992 CHETS CREEK DR N	
CITY-ST-ZIP	JACKSONVILLE FL 32224	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPRINKLE, SHARLEY	
STREET ADDRESS	10176 HERDON ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32246	

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Pam Mullarkey* **REQUIR PAM MULLARKEY JAN 15 2003 904-2790870**

CR2E037 (10/02)