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

DOCUMENT # N01000002123

1. Entity Name

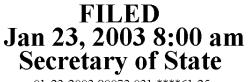
FOR BRIGHT KIDS, INC.



Principal Place of Business

12986 HARBORTON DR JACKSONVILLE FL 32224 Mailing Address

14149 PINE ISLAND DR JACKSONVILLE FL 32224



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

|--|

2. Principal Place of Business 3. Mailing Address P.O. BOX 16175 2992 CHETS LIREK DAI Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For City & State 4. FEI Number 31-1789095 City & State Not Applicable XCK50VV11 \$8.75 Additional 5. Certificate of Status Desired D UVA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent USSARD **MULLARKEY, PAM** ddress (P.O. Box Number is Not Ad 14149 PINE ISLAND DR CHET JACKSONVILLE FL 32224 TH CKSON VILLE 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 accerthe obligations LREASURER 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition TITLE Delete TITLE POWELL, VICKIE NAME NAME 12986 HARBORTON DR STREET ADDRESS STREET ADDRESS KKSWILLF FL 32224 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32241 Addition TITLE **X** Delete TITLE Change BAINBRIDGE, JEFF NAME NAME STREET ADDRESS P O BOX 56391 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32241 SD Delete Addition TITLE TITLE ☐ Change BAINBRIDGE, DENISE NAME STREET ADDRESS STREET ADDRESS P O BOX 56391 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32241 Change 🔀 Addition ☐ Delete TITLE TITLE MULLARKEY, PAM NAME AREY NAME STREET ADDRESS STREET ADDRESS 14149 PINE ISLAND DR CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 BMD Delete 💢 Addition TITLE TITLE **NETHERTON, SUSAN** NAME NAME STREET ADDRESS STREET ADDRESS 13861 HANOVER PARK CT CREEK CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32224 <u>FL32224</u> 🔼 Delete TITLE ☐ Change TITLE CHRISTIE, CHARLIE NAME NAME STREET ADDRESS **PO BOX 428** STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BCH FL 32004 CITY-ST-ZIP

SIGNATURE: (

^{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.