

# 2002 UNIFORM BUSINESS REPORT (UBR)

FILED

Aug 15, 2002 8:00 am  
Secretary of State

08-15-2002 90049 042 \*\*\*\*70.00

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1. Entity Name

BRIGHTER LIFE INC.

Principal Place of Business

4403 JOHN BELL DRIVE  
TAMPA FL 33610

Mailing Address

P.O. BOX 310912  
TAMPA FL 33680

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3396533

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JACOBS, SOLOMON  
4403 JOHN BELL DR  
TAMPA FL 33610

Name

LATOSHA JACOBS

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

4403 John Bell Dr.

City

Tampa

FL

Zip Code

33610

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

(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  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, SOLOMON	
STREET ADDRESS	4403 JOHN BELL DR	
CITY-ST-ZIP	TAMPA FL 33610	Deceased
TITLE	SD	<input type="checkbox"/> Delete
NAME	JACOBS, CHEVELLA	
STREET ADDRESS	3038 38TH ST	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	JACOBS, LATOSHA	
STREET ADDRESS	12768 PALMER CIRCLE	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	DT	<input type="checkbox"/> Delete
NAME	BELL, AUDREY	
STREET ADDRESS	3208-E IDA ST	
CITY-ST-ZIP	TAMPA FL 33617	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, JOHNNY REV	
STREET ADDRESS	4206 CARMEN ST	
CITY-ST-ZIP	TAMPA FL 33605	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, GEORGE	
STREET ADDRESS	4315 LEMAN STREET	
CITY-ST-ZIP	TAMPA FL 33607	

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LATOSHA JACOBS	
STREET ADDRESS	4403 John Bell Dr	
CITY-ST-ZIP	Tampa FL 33610	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOZELLA RANDLE	
STREET ADDRESS	4403 John Bell Dr.	
CITY-ST-ZIP	TAMPA, FL 33610	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WINONA CHISHOLM	
STREET ADDRESS	1304 E. OSBORNE AVE.	
CITY-ST-ZIP	TAMPA, FL 33610	
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		

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: LATOSHA JACOBS 6-18-02 (80) 12-9893  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)