

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000002142

1. Entity Name

BRIGHTEN THE CORNER, INC.

R

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90022 017 ****61.25

Principal Place of Business

1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

Mailing Address

4427 DEL PRADO BLVD.
CAPE CORAL FL 33904

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

59-3565995

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

ROOSA, RICHARD V
1714 CAPE CORAL PARKWAY
CAPE CORAL FL 33904

Name

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

City

FL

Zip Code

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

After September 13, 2000 min. will be \$236.25

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 PD ☐ Delete
NAME HUNT, JOHN R
STREET ADDRESS 1203 EVERST PARKWAY
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME TILLEY, LOUIS N
STREET ADDRESS 1663 EDITH ESPLANADE
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME ROOSA, RICHARD V
STREET ADDRESS 1714 CAPE CORAL PARKWAY
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD ☐ Delete
NAME BARNETTE, ANDRON A
STREET ADDRESS 4427 DEL PRADO BLVD.
CITY-ST-ZIP CAPE CORAL FL 33904

TITLE ☒ Change ☐ Addition
NAME Andrew
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Andron A. Barnette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/11/00

Date

(881) 542-0328

Daytime Phone #

CR2E037 (5/00)