## 2002 UNIFORM BUSINESS REPORT (UBR)

## Sep 18, 2002 8:00 am Secretary of State DOCUMENT # P00000045049 1. Entity Name 09-18-2002 90051 037 \*\*\*550.00 A LITE AFFAIR, INC. Principal Place of Business Mailing Address 10381 NORTHWEST 62ND DRIVE 10381 NORTHWEST 62ND DRIVE PARKLAND FL 33076 PARKLAND FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1005896 Not Applicable Country\_\_ Zip Zip \$8.75 Additional\_ 5. Certificate of Status Desired 💝 🔲 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNHARDT, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 10381 NORTHWEST 62ND DRIVE PARKLAND FL 33076 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME BERNHARDT, STEPHEN NAME STREET ADDRESS 10381 NW 62ND DR STREET ADDRESS CITY-ST-ZIP PARKLAND FL 33076 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition

CR2E034 (4/02)

FILED