

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 10, 2001 08:00 AM
Secretary of State

DOCUMENT # P00000053366

1. Entity Name
BRIGHTWATERS CONSULTING, INC.

Principal Place of Business
1410 BRIGHTWATERS BLVD.
ST PETERSBURG FL 33704

Mailing Address
1410 BRIGHTWATERS BLVD.
ST PETERSBURG FL 33704

2. Principal Place of Business
1410 BRIGHTWATERS BLVD. NE

3. Mailing Address
1410 BRIGHTWATERS BLVD. NE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ST PETERSBURG FL

City & State
ST PETERSBURG FL

4. FEI Number
59-3648848

Applied For
Not Applicable

Zip
33704

Country

Zip
33704

Country

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

SPEAR JO CLAIRE ESQ
100 SECOND AVENUE SOUTH SUITE 200 S TOWER
ST PETERSBURG FL 33701

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 _____ DATE 01/10/2001

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
FREEDMAN HAROLD G
1410 BRIGHTWATERS BLVD.
ST PETERSBURG FL 33704

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DPST
FREEDMAN HAROLD G
1410 BRIGHTWATERS BLVD. NE
ST PETERSBURG FL 33704

☒ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

☐ Delete

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☐ 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.

SIGNATURE: HAROLD G. FREEDMAN

D

01/10/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)