

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 16, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000070108**1. Entity Name
THIRDLITE, INC.**Principal Place of Business**

563 LITTLE RIVER LOOP #242

ALTAMONTE SPRINGS
32714

FL

Mailing Address

563 LITTLE RIVER LOOP #242

ALTAMONTE SPRINGS
32714

FL

2. Principal Place of Business

563 LITTLE RIVER LOOP

Suite, Apt. #, etc.
#242City & State
ALTAMONTE SPRINGS
FLZip
32714

Country

3. Mailing Address

563 LITTLE RIVER LOOP

Suite, Apt. #, etc.
#242City & State
ALTAMONTE SPRINGS
FLZip
32714

Country

4. FEI Number**59-3663651**

Applied For

Not Applicable

5. Certificate of Status Desired☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentKOLETSKY BARRY S
563 LITTLE RIVER LOOP #242ALTAMONTE SPRINGS
32714

FL

7. Name and Address of New Registered Agent**Name**

KOLETSKY BARRY S

Street Address (P.O. Box Number is Not Acceptable)
563 LITTLE RIVER LOOP

#242

City
ALTAMONTE SPRINGS

FL

Zip Code
32714

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)

04/16/2001

DATE

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**

TITLE	VTD	<input type="checkbox"/> Delete
NAME	KOLETSKY PRINCESS M	
STREET ADDRESS	563 LITTLE RIVER LOOP #242	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE	PSD	<input type="checkbox"/> Delete
NAME	KOLETSKY BARRY S	
STREET ADDRESS	563 LITTLE RIVER LOOP, #242	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLETSKY PRINCESS M	
STREET ADDRESS	563 LITTLE RIVER LOOP, #242	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Barry S Koletsky

PSD

04/16/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)