

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91866 011 \*\*\*150.00

**DOCUMENT # P00000070108**

1. Entity Name  
**THIRDLITE, INC.**



Principal Place of Business  
**563 LITTLE RIVER LOOP  
#242  
ALTAMONTE SPRINGS, FL 32714**

Mailing Address  
**563 LITTLE RIVER LOOP  
#242  
ALTAMONTE SPRINGS, FL 32714**

2. Principal Place of Business  
**1235 GREENLAND HAMMOCK**

3. Mailing Address  
**1235 GREENLAND HAMMOCK**



☒ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**DELAND FL**

City & State  
**DELAND, FL**

4. FEI Number  
**59-3663651**

Applied For  
Not Applicable

Zip  
**32720** Country  
**VOLUSIA**

Zip  
**32720** Country  
**VOLUSIA**

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

**6. Name and Address of Current Registered Agent**

**KOLETSKY, BARRY S  
563 LITTLE RIVER LOOP  
#242  
ALTAMONTE SPRINGS, FL 32714**

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

Name  
**KOLETSKY, BARRY S.**

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

**1235 GREENLAND HAMMOCK**

City  
**DELAND**

FL

Zip Code  
**32720**

B. 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 **BARRY S. KOLETSKY** PRES. *Barry S. Koletsky*

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

(NOTE: Registered Agent signature required when resigning)

DATE

**April 28th 2003**

**FILE NOW!!! FEE IS \$150.00**

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
KOLETSKY, BARRY S  
563 LITTLE RIVER LOOP, #242  
ALTAMONTE SPRINGS, FL 32714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
KOLETSKY, PRINCESS M  
563 LITTLE RIVER LOOP, #242  
ALTAMONTE SPRINGS, FL 32714** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PSD  
KOLETSKY, BARRY S.  
1235 GREENLAND HAMMOCK  
DELAND FL 32720** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VTD  
KOLETSKY, PRINCESS M  
1235 GREENLAND HAMMOCK  
DELAND FL 32720** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**\_\_\_\_\_** ☐ Change ☐ Addition

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 607, 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:**

*Barry S. Koletsky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**BARRY S. KOLETSKY** 4/28/03

**4075513385**

Date

Daytime Phone #

CR2E034 (10/02)