

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90045 036 ***150.00

DOCUMENT # P00000085827

1. Entity Name

NITE LIFE, INC.

Principal Place of Business

**2705 EAST DESOTO STREET
 PENSACOLA FL 32503**

Mailing Address

**2705 EAST DESOTO STREET
 PENSACOLA FL 32503**

2. Principal Place of Business

276 Brazilian Circle

3. Mailing Address

276 Brazilian Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

59-3674766

Applied For

Not Applicable

Zip

34952-1398

Country

USA

Zip

34952-1398

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**LEWIS, RONALD L
 2705 EAST DESOTO STREET
 PENSACOLA FL 32503**

7. Name and Address of New Registered Agent

Name

Ronald L. Lewis

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

276 Brazilian Circle

City

Port St. Lucie

FL

Zip Code **34952-1398**

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

Ronald L. Lewis

Ronald L. Lewis, Vice President

4/25/2001

(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 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 **President** ☐ Delete
 NAME **Mike Brown**
 STREET ADDRESS **2370 Adirondack Row #3**
 CITY-ST-ZIP **San Diego, CA 92139**

TITLE **Vice President** ☐ Delete
 NAME **Henry Taylor, III**
 STREET ADDRESS **8596 Windling Lane**
 CITY-ST-ZIP **Pensacola, FL 32514**

TITLE **Vice President** ☐ Delete
 NAME **Ronald L. Lewis**
 STREET ADDRESS **276 Brazilian Circle**
 CITY-ST-ZIP **Port St. Lucie, FL 34952**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
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 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:

Ronald L. Lewis

Ronald L. Lewis, Vice President

4/25/2001

561 878-5059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)