

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000087232

1. Entity Name
BRITE NITES INCORPORATED

Principal Place of Business
4834 SOUTH WEST GOLFSIDE DRIVE
PALM CITY FL 34990

Mailing Address
4834 SOUTH WEST GOLFSIDE DRIVE
PALM CITY FL 34990

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

FILED
Sep 05, 2001 8:00 am
Secretary of State
09-05-2001 90002 011 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1048565

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CUNNINGHAM, DENNIS
4834 SOUTH WEST GOLFSIDE DRIVE
PALM CITY FL 34990

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME CUNNINGHAM, DENNIS
STREET ADDRESS 4834 SOUTH WEST GOLFSIDE DRIVE
CITY-ST-ZIP PALM CITY FL 34990 ☐ Delete

TITLE VPD
NAME CUNNINGHAM, MONICA
STREET ADDRESS 4834 SOUTH WEST GOLFSIDE DRIVE
CITY-ST-ZIP PALM CITY FL 34990 ☐ 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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CITY-ST-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/27/01 561-282-2414
Date Florida Phone #

0104378 AV

CR2E034 (5/01)



P.O. Box 1455
Palm City, FL 34990
1-888-396-9918

Doc # 900000087232
B0103340

August 27, 2001

Division of Corporations Uniform Business Report Filings

P.O. Box 1500

Tallahassee, FL 32302-1500

To whom it may concern:

During the last quarter of 2000, I opened a seasonal business. I was not familiar with the Uniform Business Report. I was away this past summer and upon my return, I found the enclosed late notice and really did not know what it was. I don't believe that I received the original form.

I am enclosing a check for \$150.00 and would appreciate your consideration in waiving the late fee.

Please advise me as to the outcome of this matter and thank you for cooperation.

Sincerely,

Dennis J. Cunningham

Brite Nites, Inc.