

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90101 043 ***150.00

DOCUMENT # P00000105353

1. Entity Name
REAL-T-LITE, INC.



Principal Place of Business
9225 ULMERTON ROAD, SUITE 324 F
LARGO FL 33771

Mailing Address
9225 ULMERTON ROAD, SUITE 324 F
LARGO FL 33771

2. Principal Place of Business
9225 ULMERTON RD

3. Mailing Address
9225 ULMERTON RD

Suite, Apt. #, etc.
STE F

Suite, Apt. #, etc.
STE F

City & State
LARGO, FL

City & State
LARGO, FL

Zip
33771

Country
USA

Zip
33771

Country
USA



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number APPLIED FOR

☒ Applied For
☐ Not Applicable

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

FITZPATRICK, LAWRENCE
9225 ULMERTON ROAD
SUITE 324 F
LARGO FL 33771

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Lawrence Fitzpatrick*
Signature of registered agent required when reinstating

DATE 4-4-03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FITZPATRICK, LAWRENCE 9225 ULMERTON ROAD, SUITE 324 F LARGO FL 33771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DALE K. ADAMS 9225 ULMERTON RD, STE F LARGO, FL 33771	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Lawrence Fitzpatrick*
Signature of registered agent required when reinstating

DATE 4-4-03 727-518-8454

Daytime Phone #

CR2E034 (10/02)