

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000092112**

1. Entity Name

**BRIGHTER SOLUTIONS, INC.**

Principal Place of Business

2701 NE 1ST STREET STE 102  
POMPANO BEACH FL 33062

Mailing Address

2701 NE 1ST STREET STE 102  
POMPANO BEACH FL 33062

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91693 024 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1141512

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

PTC WOULD WIDE, INC.  
1367 S UNIVERSITY DR  
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

PTC WOULD WIDE INC.

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

*Mark Luciani, PR.*

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

(NOTE: Registered Agent signature required when reinstating)

6/26/02

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, 2002 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

D

DORROUGH, SUSAN  
2701 NE 1ST STREET STE 102  
POMPANO BEACH FL 33062☐ DeleteTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ DeleteTITLE  
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CITY-ST-ZIP☐ Delete

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP☐ Change☐ AdditionTITLE  
NAME  
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CITY-ST-ZIP☐ Change☐ AdditionTITLE  
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:

*Susan Dorrough*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02

754-

648-3933

CR2E084 (9/01)