

2002 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 24, 2002 8:00 am
Secretary of State

05-12-2002 90553 047 ***150.00

DOCUMENT # P01000093317

1. Entity Name
LITE DUTY, INC.

Principal Place of Business

P.O. BOX 1311
HOBE SOUND FL 33475-1311

91

Mailing Address

P. O. BOX 1311
HOBE SOUND FL 33475-1311

2. Principal Place of Business

9145 SE Delafield St.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hobe Sound FL

Zip

33455

Country

USA

City & State

Zip

Country

4. FEI Number

65-1143205

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CLARK, CHUCK

901 SW MARTIN DOWNS BLVD.

PALM CITY FL 34990

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 \$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 **President** ☐ Delete
NAME **Bruce E. Parent**
STREET ADDRESS **10799 157th Street North**
CITY-ST-ZIP **Jupiter, FL 33478**

TITLE **Vice President** ☐ Delete
NAME **John E. Irvin, Jr.**
STREET ADDRESS **9145 SE Delafield St.**
CITY-ST-ZIP **Hobe Sound, FL 33455**

TITLE **Secretary/Treasurer** ☐ Delete
NAME **Jamie M. Irvin**
STREET ADDRESS **9145 SE Delafield St.**
CITY-ST-ZIP **Hobe Sound, FL 33455**

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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STREET ADDRESS
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:

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

IRVIN
Sec/Treas.

Day

4/23/02 (772) 546-7450

Daytime Phone #

CR2E034 (9/01)