


# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 08, 2003 8:00 am**  
**Secretary of State**

01-08-2003 90061 038 \*\*\*150.00

<b>DOCUMENT #</b> P01000101134	
1. Entity Name J.B. BRIGHT, INC.	

Principal Place of Business 12438 SE 134TH COURT OKLAWAHA FL 32179	Mailing Address 12438 SE 134TH COURT OKLAWAHA FL 32179
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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☐ CHECK HERE IF MAKING CHANGES

4. FEI Number <b>59-3753351</b>	Applied For
	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/> --	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent
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BRIGHT, JOHN B 12438 SE 134TH COURT OKLAWAHA FL 32179
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7. Name and Address of New Registered Agent
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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	(NOTE: Registered Agent signature required when reinstating)	DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS
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TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGHT, JOHN B	
STREET ADDRESS	12438 SE 134TH COURT	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGHT, ELBERT E	
STREET ADDRESS	12438 SE 134TH COURT	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRIGHT, KATHI E	
STREET ADDRESS	12438 SE 134TH COURT	
CITY-ST-ZIP	OKLAWAHA FL 32179	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 a power like empowered.

SIGNATURE: 	Date: 1/6/03	Daytime Phone #: 352-288-2895
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CR2E034 (10/02)