## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P93000062299** BRIGHTWORKS INDUSTRIES, INC. 03-20-2000 90059 031 \*\*\*150.00 Mailing Address Principal Place of Business 529 COLVIN BLVD 529 COLVIN BLVD **BUFFALO NY 14216 BUFFALO NY 14216-1825** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 16-1446387 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) **1201 HAYS ST** TALLAHASSEE FL 32301 Zip Code City 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition CR2E034 (9/99) ☐ Delete TITLE GORDON, DAVID M NAME NAME STREET ADDRESS STREET ADDRESS 529 COLVIN BLVD CITY-ST-ZIP CITY-ST-ZIP BUFFALO NY 14216 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition -† -- - 🖸 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition TITLE Change 7171 E ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP [ ] Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP s not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information urate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director cuts his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if keeping wered.

SIGNATURE:

I hereby certify that the information

changed, or on an attachm

indicated on this report or suppler of the corporation or the receiver of

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

supplied with this filing

ental report is true and