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**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 29, 2002 8:00 am
Secretary of State

05-01-2002 91517 015 ***150.00

DOCUMENT # P 95000038661

1. Entity Name

FORTNIGHT ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2336 Valley Ridge Lane

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Brooksville, FL

City & State

4. FEI Number

59-3314152

Applied For

Not Applicable

Zip

34602

Country

Hernando

Zip

Country

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Theodore Irving

Street Address (P.O. Box Number is Not Acceptable)

2336 Valley Ridge Lane

City

Brooksville

FL

Zip Code

34602

DO NOT WRITE
IN THIS SPACE

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 (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) ☒10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTheodore Irving
2336 Valley Ridge Lane
Brooksville, FL 34602TITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPPresident, Treasurer
and sole DirectorTITLE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE
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STREET ADDRESS
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Theodore C. Irving

THEODORE C. IRVING

4-18-02 (352) 797-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034B (12/01)