

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90016 040 ***550.00

DOCUMENT # P95000054712

1. Entity Name

BRIGHTHAUS INC.

Principal Place of Business

518 S MAGNOLIA AVENUE
ORLANDO FL 32801

Mailing Address

518 S MAGNOLIA AVENUE
ORLANDO FL 32801

2. Principal Place of Business

537 N. Magnolia Ave

3. Mailing Address

537 N. Magnolia Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3333872

Applied For

Not Applicable

Zip

32801

Country

Orange

Zip

32801

Country

Orange

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REDMAN, MICHAEL J
518 S MAGNOLIA AVENUE
ORLANDO FL 32801

7. Name and Address of New Registered Agent

Name

Same

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

537 N. Magnolia Avenue

City

Orlando

FL

Zip Code

32801

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 \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	REDMAN, MICHAEL J	
STREET ADDRESS	518 S MAGNOLIA AVENUE	
CITY-ST-ZIP	ORLANDO FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FAULKNER, THOMAS W.	
STREET ADDRESS	518 S MAGNOLIA AV	
CITY-ST-ZIP	ORLANDO FL	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	REDMAN, PAULA A	
STREET ADDRESS	518 S MAGNOLIA AV	
CITY-ST-ZIP	ORLANDO FL 32801	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Redman, Michael J.	
STREET ADDRESS	537 N. Magnolia Avenue	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Faulkner, Thomas W.	
STREET ADDRESS	537 N. Magnolia Avenue	
CITY-ST-ZIP	Orlando, FL 32801	
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Redman, Paula A.	
STREET ADDRESS	537 N. Magnolia Avenue	
CITY-ST-ZIP	Orlando, FL 32801	
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		

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

Date

Daytime Phone #

CR2E034 (5/00)