## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

## FILED DOCUMENT # **P95000068880** Apr 03, 2000 8:00 am **Secretary of State** BRIGHTSTONE BUILDERS, INC. 04-03-2000 90190 014 \*\*\*158.75 Mailing Address Principal Place of Business 13579 WEYBURNE DRIVE PALM BEACH COUNTY. FL 19579 WEYBURNE DR DELRAY BOH FL 33446 \* (only) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0604976 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LITTELL, LANCE Street Address (P.O. Box Number is Not Acceptable) 13579 WEYBURNE DRIVE **DELRAY BEACH FL 33446** Zin 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE Addition ☐ Delete TITLE NAME NAME LITTELL, LANCE 3840 max PI #206 13579 WEYBURNE DR. acidhess change STREET ADDRESS STREET ADDRESS Boynton Bch, FL 33436 above CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH-FL-33446 ☐ Change ☐ Addition TITLE TITLE 3840 max PL #206 LITTELL. JESSICA G NAME NAME 18579 WEYBURNE DR address change STREET ADDRESS STREET ADDRESS abore CITY-ST-7IP CITY-ST-ZIP **BELRAY-BCH FL-33446** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME 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 TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

Daytime Phone #