

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Mar 28, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P95000068880**1. Entity Name  
**BRIGHTSTONE BUILDERS, INC.**

Principal Place of Business 230 ROYAL PALM BEACH BLVD.  ROYAL PALM BEACH FL 33411	Mailing Address 230 ROYAL PALM BEACH BLVD.  ROYAL PALM BEACH FL 33411
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number  
**65-0604976**  
Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****LITTELL LANCE**  
13579 WEYBURN DRIVE**DELRAY BEACH**  
33446 US

FL

**7. Name and Address of New Registered Agent**Name  
**LITTELL LANCE**Street Address (P.O. Box Number is Not Acceptable)  
**230 ROYAL PALM BEACH BLVD**City  
**ROYAL PALM BEACH**

FL

Zip Code  
33411

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)

**03/28/2001**

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 \$150.00****After MAY 1, 2001 Fee will be \$550.00****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	T	<input checked="" type="checkbox"/> Delete
NAME	<b>LITTELL JESSICA G</b>	
STREET ADDRESS	<b>3840 MAX PLACE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
TITLE	P	<input type="checkbox"/> Delete
NAME	<b>LITTELL LANCE</b>	
STREET ADDRESS	<b>3840 MAX PLACE</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33436</b>	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LITTELL LANCE</b>	
STREET ADDRESS	<b>230 ROYAL PALM BEACH BLVD</b>	
CITY-ST-ZIP	<b>ROYAL PALM BEACH FL 33411</b>	
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: Lance Littell**

Pres

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)