

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000040400

1. Entity Name

BRIGHT IDEAS LIGHTING INC.

FILED

Mar 13, 2000 8:00 am  
Secretary of State

03-13-2000 90061 033 \*\*\*150.00

Principal Place of Business

Mailing Address

1915 NW FORK ROAD  
STUART FL 34994

1915 NW FORK ROAD  
STUART FL 34994-9415

2. Principal Place of Business

617 Baker Rd.

Suite, Apt. #, etc.

3. Mailing Address

617 Baker Rd.

Suite, Apt. #, etc.

City & State

Stuart, FL

City & State

Stuart, FL

4. FEI Number

65-0752263

Applied For

Not Applicable

Zip

34994

Country

Martin

Zip

34994

Country

Martin

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STUEVER, JAIME A  
1915 NW FORK ROAD  
STUART FL 34994

OK

Name

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

City

FL

Zip 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

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 \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	STUEVER, JAIME A	
STREET ADDRESS	1915 NW FORK ROAD	
CITY-ST-ZIP	STUART FL 34994	
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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

Jaime A. Stuever

Date

3/6/00

Daytime Phone #

561-692-4415

CR2E034 (9/99)