## 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9700066351  1. Entity Name  LIGHT'S RIGHT OUTDOORS, INC.					Feb 08, 2000 8:00 am Secretary of State 02-08-2000 90072 046 ***150.00				
Principal Place	e of Business	Mailing Address							
P O BOX 21588 FT LAUDERDALE FL 33335-588 US		P O BOX 21588 FT LAUDERDALE FL 33335-1588 US			B0016605				
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. F	El Number	65:0783010.		Applied For	
Zip	Country	Zip	Country	5. (	Certificate of	Status Desired [	\$8.75 / Fee Requ	Additional	
<del></del>	6. Name and Address of Current Re	egistered Agent		7. N	lame and A	dress of New Regis	tered Agent		
WICK 350 I	IN, PETER J KENS & LEROW FAIRWAY DR, STE 101 RFIELD BCH FL 33441	Name Ken Street Address ( Light			neth F. Collette  P.O. Box Number is Not Acceptable)  H'S Right Ortdoors, Inc.  SW 14 Terrace  Auderdale FL 39304812				
Tax filing r	Segnature, typed or printed name of registered agent and praction is eligible to satisfy its Intangible equirement and elects to do so.	fittle if applicable. (NOTE	Programme F. Registered Agent signature I! FEE IS \$150.00 00 Fee will be \$550 le to Department of	o.00	instating)  10. Electi	on Campaign Financi	ng \$5	5.00 May 2 ded to Fees	
11.	OFFICERS AND D	RECTORS	12.		DITIONS/CI	HANGES TO OFFICER			
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	PD COLLETTE, KENNETH ONE SE 3RD AVE, STE 2400 MIAMI FL 33131	□ Delete	NAME STREET ADDRESS	1110 S	W 14	enneth Terrace Ale, FL 3	<b>_</b> ∕Chang 3312	ge 🗆 🗀	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD COLLETTE, KARLA ONE SE 3RD AVE, STE 2400 MIAMI FL 33131	☐ Delete	TITLE NAME STREET ADDRESS	TSD COLLE	TTE,	KARLA TERRACE DALE EL	_ Chang 333		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Chang	ge 🗀 .	
indicated of the cor	certify that the information supplied with the on this report or supplemental report is to poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that re ered to execute this report	ny signature shall hav as required by Chapt	e the same.	egal effect a	s if made under path:	that I am an office	cer or dio⊷	

**FILED** 

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TO DATE OF DIRECTOR DIRECTOR DIRECTOR DATE OF DIRECTOR DIRECTOR DATE OF DIRECTOR D