

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90087 048 ***150.00

DOCUMENT # P97000066351

1. Entity Name
LIGHT'S RIGHT OUTDOORS, INC.



Principal Place of Business
**P O BOX 21588
FT LAUDERDALE FL 33335-588
US**

Mailing Address
**P O BOX 21588
FT LAUDERDALE FL 33335-588
US**

10001802



2. Principal Place of Business

P.O. BOX 21622
Suite, Apt. #, etc.

3. Mailing Address

P.O. BOX 21622
Suite, Apt. #, etc.

City & State

Fort Lauderdale, Florida

City & State

Fort Lauderdale, Florida

Zip

Country

33335-1622

USA

Zip

Country

33335-1622

USA

4. FEI Number **65-0783010**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COLLETTE, KENNETH F
LIGHT'S RIGHT OUTDOORS INC
1110 SW 14 TERR
FORT LAUDERDALE FL 33312**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PD** ☐ Delete
NAME **COLLETTE, KENNETH**
STREET ADDRESS **1110 SW 14 TERR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE **TSD** ☐ Delete
NAME **COLLETTE, KARLA**
STREET ADDRESS **1110 SW 14 TERR**
CITY-ST-ZIP **FORT LAUDERDALE FL 33312**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenneth F. Collette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kenneth F. Collette

Date

1/8/2003

Daytime Phone #

CR2E034 (10/02)