

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 18, 2002 8:00 am
Secretary of State

03-18-2002 90067 038 ***150.00

DOCUMENT # P97000103286

1. Entity Name

BILL LIGHT AUTO PLAZA, INC.

Principal Place of Business

15535 CORTEZ BLVD
SPRING HILL FL 34613

Mailing Address

15535 CORTEZ BLVD
SPRING HILL FL 34613

2. Principal Place of Business

15480 Cortez Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1374 Aladdin Rd

Suite, Apt. #, etc.

City & State

Brooksville, FL

Zip

34613

Country

USA

City & State

Spring Hill, FL

Zip

34609

Country

USA

4. FEI Number

59-3480026

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

LIGHT, WILLIAM D
1374 ALADDIN RD
SPRING HILL FL 34609

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.

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, 2002 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 V ☐ Delete
 NAME LIGHT, KATHLEEN M
 STREET ADDRESS 1374 ALADDIN ROAD
 CITY-ST-ZIP SPRING HILL FL 34609

TITLE P ☐ Delete
 NAME LIGHT, WILLIAM D
 STREET ADDRESS 1374 ALADDIN RD
 CITY-ST-ZIP SPRING HILL FL 34609

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

12. 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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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Phone #

CR2E034 (9/01)