

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2002 8:00 am
Secretary of State

03-19-2002 90011 047 ***150.00

DOCUMENT # P98000106448

1. Entity Name
SPOTLIGHT 2000, INC.

Principal Place of Business

175 SOCIETY COURT
MARCO ISLAND FL 34145

Mailing Address

175 SOCIETY COURT
MARCO ISLAND FL 34145

2. Principal Place of Business

513 NASSAU RD.

Suite, Apt. #, etc.

N/A

3. Mailing Address

1106 DORCHESTER CT.

Suite, Apt. #, etc.

N/A

City & State

MARCO ISLAND FL

Zip

34145

Country

COLLIER

City & State

NAPLES, FL

Zip

34104

Country

COLLIER

4. FEI Number

65-0881921

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WOODWARD, CRAIG R
606 BALD EAGLE DRIVE STE. 500
MARCO ISLAND FL 34146

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 **P** ☐ Delete
NAME **DIEPER, KAPPE**
STREET ADDRESS **175 SOCIETY CIRCLE**
CITY-ST-ZIP **MARCO ISLAND FL 34145**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
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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 **1106 DORCHESTER CT.**
STREET ADDRESS **NAPLES, FL 34104**
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
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NAME
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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:

BEROLD KNAUERHASE **7/27/02** **941-348-8481**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)