

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000003496

1. Entity Name

SUBLIGHT SYSTEM, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90031 005 ***150.00

Principal Place of Business

Mailing Address

6914 LIBERTY ST.
NAVARREE FL 32566

6914 LIBERTY ST.
NAVARREE FL 32566-8705

2. Principal Place of Business

3. Mailing Address

SUBLIGHT SYSTEM, INC.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2573 CRESCENT RD

City & State

City & State

NAVARRE FLORIDA

Zip

Country

Zip

Country

32566

SANTA ROSA

4. FEI Number

62-1763201

Applied For

Not Applicable

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

STREETS, GARY F
6914 LIBERTY ST.
NAVARREE FL 32566

Name

STREETS, GARY F

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

2

2573 CRESCENT RD

City

NAVARRE

FL

Zip Code

32566

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

Gary F. Streets

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

(NOTE: Registered Agent signature required when reinstating)

4-16-2000

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

P
GARY STREETS
2573 CRESCENT RD
NAVARRE FL. 32566

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Gary F. Streets
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-16-2000 850-939-4021

Date

Daytime Phone #

CR2E034 (9/99)