

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000029392

1. Entity Name

THE SMART LITE COMPANY



FILED

03 JAN 16 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business

5266 BOCA MARINA CIR
BOCA RATON FL 33487

Mailing Address

2510 KIRBY AVE NE
#104
PALM BAY FL 32905

2. Principal Place of Business

2510 Kirby Ave NE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PALM BAY FL

City & State

Zip Country

Zip Country

32905 USA

32905 USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0985944

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIDNER, NANCY I
2510 KIRBY AVE N.E.
STE 104
PALM BAY FL 32905

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 P
NAME ISON, BRETT L
STREET ADDRESS 5266 BOCA MARINA CIR.
CITY-ST-ZIP BOCA RATON FL 33487

TITLE V
NAME RIDNER, GEORGE D SR
STREET ADDRESS 543 AMERICAN BLVD NW
CITY-ST-ZIP PALM BAY FL 329

TITLE S
NAME RIDNER, NANCY I
STREET ADDRESS 543 AMERICAN BLVD NW
CITY-ST-ZIP PALM BAY FL 329

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE President
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Sec/Treas
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)