

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2003 8:00 am**  
**Secretary of State**

05-02-2003 90735 040 \*\*\*150.00

0474165 AV

**DOCUMENT # S61449**

1. Entity Name  
**BRIGHTWATERS HOLDING COMPANY**



Principal Place of Business

~~526 CENTRAL AVE~~  
~~SUITE 200~~  
~~ST. PETERSBURG FL 33701~~  
~~US~~

Mailing Address

~~526 CENTRAL AVE~~  
~~200~~  
~~ST. PETERSBURG FL 33701~~  
~~US~~

2. Principal Place of Business

1240 DARLINGTON OAK CIR NE  
Suite, Apt. #, etc.

3. Mailing Address

1240 DARLINGTON OAK CIR NE  
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

St. Petersburg, FL

City & State

St. Petersburg, FL

4. FEI Number

**59-3071918**

Applied For

Not Applicable

Zip

33703

Country

Zip

33703

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**PARKER, JEFFREY J.**

~~526 CENTRAL AVE~~

~~SUITE 200~~

ST. PETERSBURG FL 33701

1240 DARLINGTON OAK CIR NE  
St. Petersburg, FL  
33703

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 date 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 **PTS** ☐ Delete  
NAME **PARKER, JEFFREY J.**  
STREET ADDRESS **1240 DARLINGTON OAK CIRCLE NE**  
CITY-ST-ZIP **ST PETERSBURG F 33703**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

727-531-8100

CR2E034 (10/02)