FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 21, 2006 8:00 am
Secretary of State
08-21-2006 90005 001 ***550.00

DOCUMENT # 4187560

1. Entity Name
Leed Lighting Distributors Inc
DBA Lee Lighting
14360 S Tamiami Tr Ft Myers Fl 33912

DO NOT WRITE IN THIS SPACE

50025796
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
14360 S Tamiami Tr	Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft Myers Fl	City & State
Zip: 33912 Country: Lee	Zip Country

4. FEI Number: 59-1450999 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Janet Astrin

Street Address (P.O. Box Number is Not Acceptable): 5819 Tallowood Cir

City: Ft Myers Fl 33919 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when changing it)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	Janet Astrin Pres./director 5819 Tallowood Cir Ft Myers Fl 33919	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Janet G. Astrin President 8/15/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034B (12/02)