FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JUL 14 AM 10:54

55040536

DOCUMENT # P02000068368

1. Entity Name

LIGHTING RESOURCES USA, INC.

DO NOT WRITE IN THIS SPACE

5/18/03 01068 002 150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
945 Fatio Rd.	945 Fatio Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Deland, FL 32720	City & State: Deland, FL 32720
Zip: 32720 Country: USA	Zip: 32720 Country: USA

4. FEI Number: 04-3666215 ☐ Applied For ☐ Not Applicable

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

7. Name and Address of Registered Agent

Name: A1A REGISTERED AGENT, INC.

Street Address (P.O. Box Number is Not Acceptable): 25 S.E. 2ND AVENUE SUITE 1036

City: MIAMI FL Zip Code: 33131

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: Paul Smith PAUL SMITH, VICE PRESIDENT 05-12-03

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) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
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	DP
NAME	HUFFMAN, DENENE
STREET ADDRESS	945 FATIO RD
CITY-ST-ZIP	DELAND FL 32720

TITLE / 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

TITLE / 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

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Denene Huffman DENENE HUFFMAN, DP 4-25-03 386-456-0002

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR Date Daytime Phone #

7/14 AD