2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2000 8:00 am
Secretary of State
04-14-2000 90084 024 ***150.00

DOCUMENT # P99000004570

1. Entity Name

AUXILIARY RESIDENTIAL LIGHTING, INC.

Principal Place of Business	Mailing Address
8252 S.E. ROYAL STREET HOBE SOUND FL 33455	8252 S.E. ROYAL STREET HOBE SOUND FL 33455-4120

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8252 SE Royal St Suite, Apt. #, etc.	8252 SE Royal St Suite, Apt. #, etc.
City & State: Hobe Sound Fl	City & State: Hobe Sound Fl
Zip: 33455 Country:	Zip: 33455 Country:

4. FEI Number: 65-0886118 ☐ 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
INGRAM, WILLIAM T SR. 11120 S.E. FEDERAL HWY. HOBE SOUND FL	Name: Kris Metzger Street Address (P.O. Box Number is Not Acceptable): 8252 S.E. Royal St City: Hobe Sound **FL** Zip Code: 33455

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: Kris Metzger — 4/2/00
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) ☑

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	President Kris Metzger 8252 S.E. Royal St. Hobe Sound, Fl. 33455	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary/Treasurer Anne Metzger 8252 SE Royal St. Hobe Sound, Fl. 33455	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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: Kris Metzger — 4/2/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #