

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000008258**

1. Entity Name
TAMPA BAY LIGHTING UNLIMITED, LLC

Principal Place of Business Mailing Address
11113 N. DALE MABRY 11113 N. DALE MABRY
TAMPA FL 33615 TAMPA FL 33615

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
City & State City & State

Zip **33618** Country Zip **33618** Country

6. Name and Address of Current Registered Agent

OSNOS, SAM
11113 N. DALE MABRY
TAMPA FL 33615

REINSTATEMENT 2001

4. FEI Number **74-2938696** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code **33618**

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 *Sam Osnos* DATE *10/15/01*

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

400004695684--9
-11/27/01--01079--010
****150.00 ****150.00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OSNOS, SAM 11113 N. DALE MABRY TAMPA FL 33615	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PASTERNAK, BRUCE 11113 N. DALE MABRY TAMPA FL 33615	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Sam Osnos*

10/15/01 813 9630722

0017805 AF

CR2E083 (11/00)

FILED

01 NOV -9 PM 12:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

