

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # 331758****1. Entity Name**  
**LIGHTING SYSTEMS, INC.****FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90054 045 \*\*\*158.75

Principal Place of Business

**12114 KNOLL STREET**  
**TAMPA FL 33612-4011**

Mailing Address

**12114 KNOLL STREET**  
**TAMPA FL 33612-4011****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

**4. FEI Number 59-1260356**

Applied For

Not Applicable

Zip

Country

Zip

Country

**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****GRAY, MAGLER H.**  
**12114 KNOLL STREET**  
**TAMPA FL 33612**

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.****SIGNATURE**

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, 2001 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	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
V	GRAY, CRAIG I.	15807 SEOATS PL	TAMPA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	RICHARDS, LOUISE G.	8903 LOCUST AVE.	TAMPA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
PD	GRAY, MALGER H.	12114 KNOLL ST.	TAMPA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
D	GRAY, JEANETTE F.	12114 KNOLL ST.	TAMPA FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Malger H. Gray 1-11-01 (813) 933-5376

Date

Daytime Phone #

CR2E034 (10/00)