2002 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 16, 2002 8:00 am \ Secretary of State . DOCUMENT # 508099 1. Entity Name 04-16-2002 90044 045 ***150.00 STEVENS LIGHTING SUPPLY, INC. Principal Place of Business Mailing Address P.O. BOX 1908 4505 181 ST AVE N. PINELLAS PARK FL 33780-1908 INIT 12 CLEARWATER FL 33762 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1689491 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, ED Street Address (P.O. Box Number is Not Acceptable) 4505 131 ST AVE NORTH UNIT 12 **CLEARWATER FL 33762** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete Change Change ☐ Addition HAVERLAND, BARRY J NAME HAUERLAND , NAME STREET ADDRESS **186 GALLERY WAY** IN FAIRSIDE STREET ADDRESS TUSTIN CA 92782 CITY-ST-7IP CITY-ST-7IP IRVINE, CA TITLE ST Delete TITLE ☐ Change ★ Addition HAUERHAND HERMAN, G BROYER, GARY E NAME NAME 13545 MURPHY HILL DR STREET ADDRESS STREET ADDRESS 452 N. BLOOMBERRY UNIT A CITY-ST-ZIP CITY-ST-ZIP ORANGE CA 92869 WHITTIER, CA 90401 TITLE ☐ Delete TITLE Change ☐ Addition NAME PUCKETT, BRENDA PUCKETT , BRENDA ____ STREET ADDRESS STREET ADDRESS 100 AMIGO ROAD 100 AMIGO_RD CITY-ST-ZIP CITY-ST-ZIP **DANVILLE CA 94526** DANUILLE CA 94526 ☐ Delete TITLE Change Addition HAUERHAND , ROSEMARY, L NAME HAVERLAND, ROSEMARY NAME STREET ADDRESS 13545 MOAPNY HILL DR. STREET ADDRESS 13545 MURPHY HILL DR CITY-ST-ZIP WHITTIER CA 90601 CITY-ST-7IP WHITTIER CA 90601 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

CER OR DIRECTOR