

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 657349

1. Entity Name

AMERICAN LIGHTING CORPORATION

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90185 021 ***150.00

Principal Place of Business

2109 COLLEGE DR
CLEARWATER FL 34624

Mailing Address

2109 COLLEGE DR
CLEARWATER FL 33764-4817

2. Principal Place of Business

103 S. Comet Ave.

3. Mailing Address

103 S. Comet Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Clearwater florida

City & State

Clearwater Florida

4. FEI Number

59-1979614

Applied For

Not Applicable

Zip

33765

Country

USA

Zip

33765

Country

USA

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

CORUM, JOAN M.

2109 COLLEGE DR
CLEARWATER, FL
33764

Name

Steve Primeau

Street Address (P.O. Box Number is Not Acceptable)

103 S. Comet Ave.

City

Clearwater

FL

Zip Code

33765

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 Steve Primeau President

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-00

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 **ST** ☒ Delete
NAME **CORUM, JOAN M**
STREET ADDRESS **2109 COLLEGE DRIVE**
CITY-ST-ZIP **CLEARWATER, FL 00000 33764**

TITLE **P** ☐ Change ☒ Addition
NAME **Steve Primeau**
STREET ADDRESS **103 S. Comet Ave.**
CITY-ST-ZIP **Clearwater FL. 33765**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

4-11-00 (727) 443-5556

CR2E034 (9/99)