

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F84453

1. Entity Name

MATTHEW LIGHTING MANUFACTURING COMPANY, INC.

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90169 017 ***150.00

Principal Place of Business

Mailing Address

6018 WEST EMMA STREET
 TAMPA FL 33634-6318

P O BOX ~~4006~~ **263324**
 TAMPA FL 33685-3324
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2283916**

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCDONALD, ROBERT L., JR.
1311 N. CHURCH AVENUE
TAMPA FL 33607

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, 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 Delete
 NAME **ST WILLIS, JAMIE R**
 STREET ADDRESS **2795 KIPPIS COLONY DR #104**
 CITY-ST-ZIP **GULFPORT FL 33707**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **5939 Bayview Circle**
 CITY-ST-ZIP **Gulfport, FL 33707**

TITLE Delete
 NAME **VP WILLIS, GLENN D.**
 STREET ADDRESS **14654 VILLAGE GLEN CIRCLE**
 CITY-ST-ZIP **TAMPA FL**

Change Addition
 TITLE
 NAME
 STREET ADDRESS **2239 Climbing Ivy Drive**
 CITY-ST-ZIP **Tampa FL 33618**

TITLE Delete
 NAME **P WHITE, AUSTIN P**
 STREET ADDRESS **5117 RUE VENDOME**
 CITY-ST-ZIP **LUTZ FL 33549**

Change Addition
 TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

Change Addition
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Change Addition
 TITLE
 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 of Austin P. White
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/5/00 813-896-4080