

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000001053

FILED
Apr 30, 2003
Secretary of State

Entity Name: LIGHTING & LAMP WHOLESALERS, INC.

Current Principal Place of Business:

516 SOUTH 32ND STREET
BIRMINGHAM, AL 352333594

New Principal Place of Business:

Current Mailing Address:

PO BOX 12103
BIRMINGHAM, AL 352022103

New Mailing Address:

FEI Number: 63-0513321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CAPITAL CONNECTION, INC.
417 EAST VIRGINIA ST., STE 1
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: CDS () Delete
Name: BURKS, PATRICIA W
Address: 809 WILLOW OAK DRIVE
City-St-Zip: BIRMINGHAM, AL

Title: D () Delete
Name: WRIGHT, RUTH B
Address: 809 WILLOW OAK DRIVE
City-St-Zip: BIRMINGHAM, AL

Title: PD () Delete
Name: CALHOUN, RANDALL W
Address: 1190 WILDERNESS DRIVE
City-St-Zip: CROPWELL, AL

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES () Change (X) Addition
Name: MCPHERSON, DOUGLAS E
Address: 5225 SKYLINE DRIVE
City-St-Zip: WARRIOR, AL 35180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DOUGLAS E MCPHERSON

TRES

04/30/2003

Electronic Signature of Signing Officer or Director

Date