

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90061 022 ***150.00

DOCUMENT # G15138

1. Entity Name

LUMINAIRE SYSTEMS OF WEST PALM BEACH, INC.

00013479



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

% JEFFREY M. MCDONALD
 15665 SUNWARD ST
 WEST PALM BEACH FL 33414
 US

% JEFFREY M. MCDONALD
 15665 SUNWARD ST
 WEST PALM BEACH FL 33414
 US

2. Principal Place of Business

1158 MYSTIC WAY

Suite, Apt. #, etc.

3. Mailing Address

1158 MYSTIC WAY

Suite, Apt. #, etc.

City & State

WELLINGTON, FL

City & State

WELLINGTON, FL

4. FEI Number

59-2207443

Applied For

Not Applicable

Zip

33414

Country

USA

Zip

33414

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

MCDONALD, JEFFREY M.
 15665 SUNWARD ST
 WEST PALM BEACH FL 33414

Name **MCDONALD, JEFFREY M**

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

1158 MYSTIC WAY

City **WELLINGTON**

FL

Zip Code **33414**

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 **PD** ☐ Delete
 NAME **MCDONALD, JEFFREY M.**
 STREET ADDRESS **15665 SUNWARD ST**
 CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **PD** ☒ Change ☐ Addition
 NAME **mcdonald, jeffrey M**
 STREET ADDRESS **1158 MYSTIC WAY**
 CITY-ST-ZIP **WELLINGTON, FL 33414**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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TITLE ☐ Change ☐ Addition
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 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:

Jeff McDonald

Jeff McDonald, Pres.

Date

1/29/01

Daytime Phone #

561-798-0516

CR2E034 (10/00)