2000 UNIFORM BUSINESS REPORT (UBR) . 3 FILED DOCUMENT # H48455 Jul 28, 2000 8:00 am 1. Entity Name **Secretary of State** LIGHTING UNLIMITED OF PANAMA CITY, INC. 07-28-2000 90145 015 \*\*\*550.00 Principal Place of Business Mailing Address 914 W. 26TH ST. 914 W. 26TH ST. LYNN HAVEN FL 32444 LYNN HAVEN FL 32444 AUUD JJJOU-2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2514567 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILBURN, FRANCES LAVONNE Street Address (P.O. Box Number is Not Acceptable) 925 RADCLIFF AVE LYNN HAVEN FL 32444 Zip Code City FL 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete TITLE ☐ Change Addition HILBURN, FRANCES LAVONNE NAME NAME 925 RADCLIFF AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL VD Delete ☐ Change Addition TITLE TITLE HILBURN. D.E. NAME NAME 925 RADCLIFF AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C/TY-ST-ZIE LYNN HAVEN FL Delete ---☐ Change ☐ Addition TITLE TITLE EDWARDS, MIKE NAME NAME STREET ADDRESS 215 ALABAMA AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LYNN HAVEN FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE WEBER, CHARLES C. NAME NAME STREET ADDRESS 925 RADCLIFF AVENUE STREET ADDRESS CITY-ST-ZIP LYNN HAVNE FL CITY-ST-ZIP TITLE ☐ Delete Change Addition

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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

SIGNE SIGNED AND SIGNED THE SIGNED OF FIGURE OF DIRECTOR

☐ Defete

7/25/00 850-265-6834

☐ Change

Addition

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