## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## **FILED DOCUMENT # H91334** May 08, 2000 8:00 am 1. Entity Name Secretary of State BASS LIGHTING, INC. 05-08-2000 90200 043 \*\*\*150.00 Principal Place of Business Mailing Address 1606 CAPITAL CIR. N.E. 1606 CAPITAL CIR., N.E. TALLAHASSEE FL 32308 TALLAHASSEE FL 32308-5502 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2621008 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired -Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILKINSON, BEN H. Street Address (P.O. Box Number is Not Acceptable) 215 S. MONROE STREET SUITE 200 TALLAHASSEE FL 32301 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. (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Change ☐ Addition TITLE TITLE ☐ Delete BASS, EDWARD NEAL JR. NAME STREET ADDRESS 407 E. NINTH AVENUE STREET ADDRESS CITY-ST-ZIP HAVANA FL 32333 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE KRAPF, ANTHONY J. NAME STREET ADDRESS 8606 BANNERMAN BLUFF CT STREET ADDRESS TALLAHASSEE FL 32312 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 register 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 exact part with an address, with all other like empowered.