

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90153 031 ***158.75

DOCUMENT # K17579

1. Entity Name
LIGHTING MANAGEMENT CO., INC



Principal Place of Business
**1605 W MCNAB RD
POMPANO BEACH FL 33069
US**

Mailing Address
**P.O. BOX 23690
FT. LAUDERDALE FL 33307
US**



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0041159

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**CLIFTON, MICHAEL T.
2860 NE 14 ST CSWY #107
POMPANO BEACH FL 33062**

Name

CLIFTON, MICHAEL T.

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

2860 NE 14 ST CSWY #905

City

Pompano Bch

FL

Zip Code

33062

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Michael T. Clifton

Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-02

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **CLIFTON, MICHAEL T.**
STREET ADDRESS **2860 NE 14TH STREET #107**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition
NAME **CLIFTON, MICHAEL T.**
STREET ADDRESS **2860 NE 14 ST #905**
CITY-ST-ZIP **Pompano Bch, FL 33062**

TITLE **VPS** ☐ Delete
NAME **CLIFTON, ANN E**
STREET ADDRESS **2860 NE 14TH STREET #107**
CITY-ST-ZIP **POMPANO BEACH FL 33062**

TITLE ☒ Change ☐ Addition
NAME **CLIFTON, ANN E**
STREET ADDRESS **2860 NE 14 ST #905**
CITY-ST-ZIP **Pompano Bch, FL 33062**

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-5-02

Date

954-942-9223

Daytime Phone #

CR2E034 (10/02)