

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 01, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # K41034**1. Entity Name  
TROPICAL LIGHTING, INC.

## Principal Place of Business

16390 NE 52ND AVENUE

MIAMI  
33014

FL

US

## Mailing Address

16390 NW 52ND AVENUE

MIAMI  
33014

FL

US

## 2. Principal Place of Business

4801 NE 128TH ST

## 3. Mailing Address

3000 NE 190TH ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#302

## City &amp; State

OPA LOCKA

FL

Zip  
33054Country  
US

## City &amp; State

AVENTURA

FL

Zip  
33180Country  
US

## 4. FEI Number

65-0085579

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

## 6. Name and Address of Current Registered Agent

DENNISON, JOHN  
6710 MAIN STREET  
SUITE 238  
MIAMI LAKES  
33014

FL

## 7. Name and Address of New Registered Agent

## Name

DENNISON, JOHN

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

1580 SAWGRASS CORPORATE PARKWAY

SUITE 130

## City

SUNRISE

FL

Zip Code  
33323

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)

05/01/2001

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

TITLE	S	<input type="checkbox"/> Delete
NAME	DENWORTH, KATHLEEN M.	
STREET ADDRESS	80 TERRACINA AVENUE	
CITY-ST-ZIP	GOLDEN BEACH FL	
TITLE	DVP	<input type="checkbox"/> Delete
NAME	DENWORTH, J. WILLIAM, II	
STREET ADDRESS	80 TERRACINA AVENUE	
CITY-ST-ZIP	GOLDEN BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	S	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DENWORTH, KATHLEEN M.		
STREET ADDRESS	3000 NE 190TH ST		
CITY-ST-ZIP	AVENTURA FL 33180		
TITLE	DVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DENWORTH, J. WILLIAM, II		
STREET ADDRESS	3000 NE 190TH ST		
CITY-ST-ZIP	AVENTURA FL 33180		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
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 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:** Kathleen M Denworth

S

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)