

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90212 003 \*\*\*150.00

**DOCUMENT # K90913**



1. Entity Name  
**LIGHTING PLUS, INC.**

Principal Place of Business  
**1855 GRIFFIN RD  
B-332  
DANIA FL 33004  
US**

Mailing Address  
**1902 TIGERTAIL BLVD  
DANIA FL 33004  
US**



2. Principal Place of Business  
**1902 TIGERTAIL BLVD**

Suite, Apt. #, etc.

3. Mailing Address  
  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**DANIA BEACH**

Zip  
**33004**

Country  
**US**

4. FEI Number  
**65-0128472**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
  
**CARTER, ALLAN  
1902 TIGERTAIL BLVD  
DANIA FL 33004**

7. Name and Address of New Registered Agent  
  
Name  
  
Street Address (P.O. Box Number is Not Acceptable)  
  
City **FL** 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Allan Carter* **PRESIDENT** 2/12/03  
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**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	
TITLE	<input type="checkbox"/> Delete
NAME	<b>P CARTER, ALLAN F.</b>
STREET ADDRESS	<b>1800 SUNSET HARBOR DR 902</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33004</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VPT LOPEZ, JEAN A</b>
STREET ADDRESS	<b>1800 SUNSET HARBOR DR 902</b>
CITY-ST-ZIP	<b>MIAMI BEACH FL 33004</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>S RUANO, PAOLA</b>
STREET ADDRESS	<b>1855 GRIFFIN RD.</b>
CITY-ST-ZIP	<b>DANIA FL 33004</b>
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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *ALLAN CARTER* **PRES** 2/10/03 954-921-3774  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)