

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2003 8:00 am
Secretary of State

4/2

04-21-2003 90407 036 ****50.00

DOCUMENT # L02000001543

1. Entity Name
ALLTECH LIGHTING, LLC



Principal Place of Business
**6406 EAST FOWLER AVE., STE. C
TEMPLE TERRACE FL 33617**

Mailing Address
**6406 EAST FOWLER AVE., STE. C
TEMPLE TERRACE FL 33617**

44004876

2. Principal Place of Business
11836 CR 579
Suite, Apt. #, etc.

3. Mailing Address
11836 CR 579
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
THONOTOSASSA FL
Zip
33592
Country
USA

City & State
THONOTOSASSA FL
Zip
33592
Country
USA

4. FEI Number
04-3592273

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete
NAME **DAVIS, KINDRA**
STREET ADDRESS **6406 EAST FOWLER AVE., STE. C**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE **MGR** ☒ Delete
NAME **CORSA, REYNALDO**
STREET ADDRESS **6406 EAST FOWLER AVE., STE. C**
CITY-ST-ZIP **TEMPLE TERRACE FL 33617**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
NAME **DAVIS, KINDRA**
STREET ADDRESS **11836 COUNTY ROAD 579**
CITY-ST-ZIP **THONOTOSASSA, FL 33592**

TITLE **MGR** ☒ Change ☐ Addition
NAME **BOB CALCAGNI**
STREET ADDRESS **11836 COUNTY ROAD 579**
CITY-ST-ZIP **THONOTOSASSA, FL 33592**

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

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/14/03 813-982-2517
Date Daytime Phone #

CR2E083 (10/02)