

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 29, 2001 8:00 am**  
**Secretary of State**

05-29-2001 90005 001 \*\*\*158.75

**DOCUMENT # L23674**

1. Entity Name  
**LEAL ENGINEERING & ARCHITECTURAL LIGHTING, INC.**

Principal Place of Business <b>8313 W. HILLSBOROUGH AVE.          SUITE 160          TAMPA FL 33615          US</b>	Mailing Address <b>8313 W. HILLSBOROUGH AVE.          SUITE 160          TAMPA FL 33615          US</b>
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**660593**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5005 TROYDALE RD</b> Suite, Apt. #, etc. <b>X</b>	3. Mailing Address <b>5005 TROYDALE RD.</b> Suite, Apt. #, etc. <b>X</b>
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City & State <b>TAMPA, FL</b>	City & State <b>TAMPA, FL</b>	4. FEI Number <b>59-2978047</b>	Applied For <input type="checkbox"/> Not Applicable
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Zip <b>33615-4313</b>	Country <b>USA</b>	Zip <b>33615-4313</b>	Country <b>USA</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**LEAL, RONALD**  
**8313 W. HILLSBOROUGH AVE.**  
**SUITE 160**  
**TAMPA FL 33615**

7. Name and Address of New Registered Agent  
 Name: \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable)  
**5005 TROYDALE ROAD**  
 City **TAMPA** FL Zip Code **33615-4313**

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 *Ronald Leal* DATE **APRIL 24, 2001**  
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	<b>FILE NOW!</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEAL, RONALD 8313 W. HILLSBOROUGH AVE., SUITE 160 TAMPA FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronald Leal* DATE: **APRIL 24, 2001**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER / DIRECTOR Daytime Phone # **813-886-3349**

CR2E034 (10/00)