

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-06-2001 90307 023 ***150.00

DOCUMENT # L26098

1. Entity Name

LIGHTING IMPORTS, INC.

Principal Place of Business

Mailing Address

JOSEPH HARTMAN
5288 N. UNIVERSITY DRIVE
LAUDERHILL FL 33351

4728 NE UNIVERSITY DR
LAUDERHILL FL 33351
US

2. Principal Place of Business

3. Mailing Address

Scot Hartman

Suite, Apt. #, etc.
3577 NW 19 ST.

Suite, Apt. #, etc.
3577 NW 19 ST.

City & State
Lauderdale Lakes, FL

City & State
Lauderdale Lakes, FL

Zip
33311

Country
USA

Zip
33311

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0160726**

Applied For
 Not Applicable

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

HARTMAN, JOSEPH
5025 NW 104 WAY
CORAL SPRINGS FL 33076

Name **Scot Hartman**
 Street Address (P.O. Box Number is Not Acceptable)
11355 NW 19 Drive
Coral Springs
 City **FL** Zip Code **33067**

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)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
 NAME **HARTMAN, JOSEPH**
 STREET ADDRESS **5025 NW 104 WAY**
 CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **D** ☒ Change ☐ Addition
 NAME **Hartman, Scot**
 STREET ADDRESS **3577 NW 19 ST.**
 CITY-ST-ZIP **Lauderdale Lakes, FL 33311**

TITLE **VP** ☒ Delete
 NAME **HARTMAN, SCOTT**
 STREET ADDRESS **5025 NW 104 WAY**
 CITY-ST-ZIP **CORAL SPRINGS FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)