## 2000 UNIFORM BUSINESS REPORT (UBR) Aug 08, 2000 8:00 am Secretary of State DOCUMENT # L94526 RIGHT CHOICE LIGHTING, INC. 08-08-2000 90093 031 \*\*\*550.00 Mailing Address Principal Place of Business 3250 CANDICE AVE. 3250 CANDICE AVE. JENSEN BEACH FL 34957 JENSEN BEACH FL 34957 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0212041 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MANTHE, ROGER M. Street-Address (P.O-Box-Number-is Not Acceptable) ----3250 CANDICE AVE. JENSEN BEACH FL 34957 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE MANTHE, ROGER M. NAME STREET ADDRESS STREET ADDRESS 3250 CANDICE AVE. CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL Addition Change ☐ Delete TITLE NAME MAHON, PEGGY L NAME STREET ADDRESS STREET ADDRESS 3350 CANDICE AVE CITY-ST-ZIP CITY-ST-ZIP <u>JENSEN BCH FL 34957</u> Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

7-6-00 561-334-6069

Date Date Dayline Phone \*

☐ Change

Addition