

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90070 043 ***150.00

DOCUMENT # M29673

1. Entity Name
LOCATION LIGHTING INC.



Principal Place of Business
**20205 NE 15 COURT
MIAMI FL 33179**

Mailing Address
**20205 NE 15 COURT
MIAMI FL 33179**



2. Principal Place of Business

3. Mailing Address

PO Box 840506

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State
PEMBROKE PINES, FL

4. FEI Number **59-2692418**

Applied For
Not Applicable

Zip

Country

Zip
33084

Country
USA

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

**PROCKO, STEPHEN F
20205 NE 15TH COURT
MIAMI FL 33179**

Name
PROCKO, STEPHEN F.
Street Address (P.O. Box Number is Not Acceptable)
5752 CHURCH DOWNS DRIVE
City
DAVIE FL Zip Code
33328

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

01.03.03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PROCKO, STEVE
5200 HAWKES BLUFF AVE
DAVIE FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
PROCKO, STEVE
3752 CHURCH DOWNS DRIVE
DAVIE, FL 33328** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BALDWIN, J THOMAS
611 NW 16TH AVENUE
BOCA RATON FL** ☐ Delete

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

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01.03.03 305.588.7466

Date

Daytime Phone #

CR2E034 (10/02)