

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2001 8:00 am
Secretary of State

02-07-2001 90201 007 ***150.00

DOCUMENT # M91059

1. Entity Name

HIGHLIGHTS IN LIGHTING, INC.

Principal Place of Business

Mailing Address

~~2501 BAY TREE DR XXX~~
~~OAKLAND PARK FL 33334~~

~~2501 BAY TREE DR XXX~~
~~OAKLAND PARK FL 33334~~

2. Principal Place of Business

4543 NE 11TH AVE

3. Mailing Address

4543 NE 11TH AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OAKLAND PARK FL 33334

City & State

OAKLAND PARK FL 33334

4. FEI Number

65-0095141

Applied For

Not Applicable

Zip

33334

Country

BROWARD

Zip

33334

Country

BROWARD

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

POPE, CRAIG B.

~~2501 BAY TREE DR~~

~~OAKLAND PARK FL 33334~~

4543 NE 11TH AVE

OAKLAND PK, FL

33334

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.

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 **POPE, CRAIG B**
STREET ADDRESS ~~2501 BAY TREE DR X~~
CITY-ST-ZIP ~~OAKLAND PARK FL~~

TITLE **PRES** ☒ Change ☐ Addition
NAME **CRAIG POPE**
STREET ADDRESS **4543 NE 11TH AVE**
CITY-ST-ZIP **OAKLAND PARK FL 33334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE:

Craig Pope
Craig Pope

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/01
Date

772-5010
Daytime Phone #

CR2E034 (10/00)