

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90030 024 ***150.00

0035552

DOCUMENT # P00000005405

1. Entity Name
LIGHTING & LAMP, INC.

Principal Place of Business Mailing Address
36053 EMERALD COAST PARKWAY 36053 EMERALD COAST PARKWAY
DESTIN FL 32541 DESTIN FL 32541

2. Principal Place of Business 3. Mailing Address
36062 EMERALD COAST PKWY 36062 EMERALD COAST PKWY
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
DESTIN, FL DESTIN, FL
 Zip Country Zip Country
32541 32541

4. FEI Number Applied For
59-3651727 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

REYNOLDS, KATHLEEN
305 MAIN ST
DESTIN FL 32541

7. Name and Address of New Registered Agent

Name **MARION I. STARNES IV**
 Street Address (P.O. Box Number is Not Acceptable)
4467 TURNBERRY PLACE
 City **NICEVILLE, FL** Zip Code **32578**

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 *M. Starnes* **MARION I. STARNES IV** DATE **4-30-01**
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. (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

TITLE	D	<input type="checkbox"/> Delete
NAME	STARNES, MARION I. IV	
STREET ADDRESS	4467 TURNBERRY PLACE	
CITY-ST-ZIP	NICEVILLE, FL 32578	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *M. Starnes* **MARION I. STARNES IV** Date **4-30-01** Daytime Phone # **850-837-4750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)