

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
**36053 EMERALD COAST PARKWAY
 DESTIN FL 32541**

Mailing Address
**36053 EMERALD COAST PARKWAY
 DESTIN FL 32541**



DO NOT WRITE IN THIS SPACE

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

3. Mailing Address
36062 EMERALD COAST PKWY
 Suite, Apt. #, etc.

City & State
DESTIN, FL
 Zip
32541

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DESTIN, FL
 Zip
32541

4. FEI Number
59-3651727
 Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE
4-30-01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Starnes **MARION I. STARNES IV**

DATE
4-30-01

DAYTIME PHONE #
850-837-4750

CR2E034 (10/00)