

2002 UNIFORM BUSINESS REPORT (UBR)

0056726
AV

FILED

02 JUL -2 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000005405

1. Entity Name
LIGHTING & LAMP, INC.

Principal Place of Business
36062 EMERALD COAST PARKWAY
DESTIN FL 32541

Mailing Address
36062 EMERALD COAST PARKWAY
DESTIN FL 32541



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3651727

Applied For
Not Applicable

Zip

Country

Zip

Country

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

STARN, MARION I IV
4467 TURNBERRY PLACE
NICEVILLE FL 32578

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 _____ (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, 2002 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 STEARNS, MARION I IV
STREET ADDRESS 4467 TURNBERRY PLACE
CITY-ST-ZIP NICEVILLE FL 32578

TITLE D ☒ Change ☐ Addition
NAME STEARNS, MARION I. IV
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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-15-02

Date

850-830-1988

Daytime Phone #

CR2E034 (9/01)

LIGHTING & LAMP, INC.
36062 EMERALD COAST PARKWAY
DESTIN, FL 32541
850-837-4750

June 27, 2002

Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Subject: 2002 Uniform Business Report
Lighting & Lamp, Inc. (#59-3651727)

To Whom It May Concern:

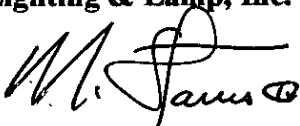
Confirming my June 20th phone conversation with Marketa of the Department of State's Division of Corporations, I respectfully request an abatement of any penalties and fees associated with the late filing of the subject Uniform Business Report.

In July 2001 I was diagnosed with having a brain tumor. My condition has caused me to be absent from my business from time-to-time. In my absence, I had entrusted my office manager to file the completed UBR before the May 1st deadline. When I recently reconciled my May bank statement I discovered that the check for the filing fee had not cleared. Further review uncovered that the completed form and check had not been mailed.

The office manager is no longer with my company. Due to the extraordinary circumstances that prevented the subject UBR form being filed on time, I request your consideration and associated abatement of any penalty.

Attached are the completed form and applicable filing fee of \$150.00. I am happy to share with you that through the Grace of God I am feeling much better and back at work. Thank you for considering my request. Please contact me at 850-830-1988 if you have any questions or need any additional information.

Sincerely,
Lighting & Lamp, Inc.



M. I. (Rocky) Starns IV
President & CEO

attachments