

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 01, 2001 8:00 am
Secretary of State
 02-01-2001 90059 026 ***150.00

DOCUMENT # P00000030942

1. Entity Name

COMMERCIAL LIGHTING AND ELECTRICAL SERVICES, INC

Principal Place of Business

243 W. PARK AVE., STE. 201
 WINTER PARK FL 32789

Mailing Address

243 W. PARK AVE., STE. 201
 WINTER PARK FL 32789

2. Principal Place of Business

1015 SUNSHINE LANE
 SUITE 103-C
ALTAMONTE SPRINGS, FL
 City & State

3. Mailing Address

SAME
 Suite, Apt. #, etc.

City & State

4. FEI Number

59-3643176

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

LARSEN, ERIK C
 243 W. PARK AVE., STE. 201
 WINTER PARK FL 32789

7. Name and Address of New Registered Agent

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

TITLE	PVSD	<input type="checkbox"/> Delete
NAME	JOHNSON, MICHAEL H	
STREET ADDRESS	8327 CARRIAGE HILLS DR. 1015 SUNSHINE LN.	
CITY-ST-ZIP	BRENTWOOD TN 32027 STE 103-C ALTAMONTE SPRINGS, FL 32714	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, SUE W	
STREET ADDRESS	8327 CARRIAGE HILLS DR. 1015 SUNSHINE LN.	
CITY-ST-ZIP	BRENTWOOD TN 32027 STE #103C ALTAMONTE, SPRINGS FL 32714	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	
STREET ADDRESS	
CITY-ST-ZIP	
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	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Michael Johnson

MICHAEL JOHNSON

1-25-01

407-7880075

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)