

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90094 032 ***150.00

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DOCUMENT # P00000074188

1. Entity Name
UNIVERSAL OUTDOOR LIGHTING, INC.

Principal Place of Business
**4446 SERENITY TR
 PALM HARBOR, FL 34685**

Mailing Address
**PO BOX 4950
 PALM HARBOR FL 34685**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
4446 Serenity Tr.
 Suite, Apt. #, etc.

City & State
Palm Harbor, FL

4. FEI Number **59-3662806**
 Applied For
 Not Applicable

Zip Country
34685 USA

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

6. Name and Address of Current Registered Agent

**LABELL, SCOTT I
 4446 SERENITY TR
 PALM HARBOR FL 34685**

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]* DATE *4-14-02*
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, 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

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TITLE	NAME	TITLE	NAME
<input checked="" type="checkbox"/> Delete	LABELL, SCOTT I	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	4446 SERENITY TR		
	PALM HARBOR FL 34685		
<input checked="" type="checkbox"/> Delete	COOK, DANIEL MARK	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	17755 US 19 N, STE 300		
	CLEARWATER, FL 33764		
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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]* **SIGNATURE REQUIRED** *4-14-02* *727 944 2300*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)