

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 04, 2002 8:00 am
Secretary of State

02-04-2002 90051 049 ***150.00

081777 AT

DOCUMENT # P00000111870

1. Entity Name

CONTINENTAL LIGHTING SERVICES, INC.

Principal Place of Business

**101 N. WOODLAND BLVD #216
DELAND FL 32720**

Mailing Address

**PO BOX 29467
DALLAS TX 75229**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3686041

Applied For

Not Applicable

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

**CRAMER, CHARLES W
1420 EDGEWATER DRIVE
ORLANDO FL 32804**

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, 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 **CARL, DAVID H**
STREET ADDRESS **11566 CROMWELL CIRCLE**
CITY-ST-ZIP **DALLAS TX 75229**TITLE **DEANE HUFFMAN** ☐ Change ☒ Addition
NAME **DEANE HUFFMAN**
STREET ADDRESS **945 FATIO ROAD**
CITY-ST-ZIP **DELAND, FL 32720**TITLE **D** ☒ Delete
NAME **FOLLETT, ROBERT**
STREET ADDRESS **5077 EAGLEMERE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32819**TITLE **DIRECTOR, SECRETARY** ☐ Change ☒ Addition
NAME **DEANE HUFFMAN**
STREET ADDRESS **945 FATIO ROAD**
CITY-ST-ZIP **DELAND, FL 32720**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PRESIDENT / DIRECTOR** ☒ Change ☐ Addition
NAME **DAVID H CARL**
STREET ADDRESS **11566 CROMWELL CIRCLE**
CITY-ST-ZIP **DALLAS, TX 75229**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 REQUIRED
DAVID H CARL**1-15-02 9723653608**

Date

Daytime Phone #

CR2E034 (9/01)