2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000002829

Title:

Name:

Address:

City-St-Zip:

VPD

() Delete

BRETON, ARELIS S

3469 NW 44 ST., #106

FT. LAUDERDALE, FL 33309

Entity Name: LIGHTING TECHNOLOGIES CORPORATION

FILED Apr 26, 2002 8:00 AM Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
1100 SOUTHEAST THIRD AVE SECOND FLOOR FT LAUDERDALE, FL 33316				1100 SOUTHEAST THIRD AVE, SECOND FLOOR FT LAUDERDALE, FL 33316		
Current M	lailing Addres	ss:	New Maili	ng Addres	s:	
	THEAST THIR ERDALE, FL 3	D AVE SECOND FLOOR 3316				
FEI Number	: 65-1065938	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	Address of C	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
1100 SOU	, JOHN C III THEAST THIR ERDALE, FL 3	D AVE SECOND FLOOR 3316 US				
	named entity : e of Florida.	submits this statement for the pu	urpose of changing i	ts registere	d office or registered agent, or both,	
SIGNATU	RE:					
	Electror	nic Signature of Registered Age	nt		Date	
Election Car	mpaign Financin	o satisfy its Intangible Tax filing requ g Trust Fund Contribution ().		, ,		
OFFICER	S AND DIREC	TORS:	ADDITION	S/CHANG	ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	PD () HALLIDAY, JOH 50 NURMI DRIV FT LAUDERDA	/E	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	YERKOVICH, E	ST NINTH STREET	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VPD () FAIRBURN, VIF 4955 SW 91 AV COOPER CITY	/E.	Title: Name: Address: City-St-Zip:	VPD FAIRBURN, 4955 SW 9 COOPER C		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VPD

BRETON, ARELIS S

TAMARAC, FL 33319

5760 ROCK ISLAND ROAD, #308

(X) Change () Addition

SIGNATURE: ARELIS S. BRETON VPD 04/26/2002