

2002 UNIFORM BUSINESS REPORT (UBR)

2/1

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90045 031 ***150.00

DOCUMENT # P01000004212

1. Entity Name

UNITED LIGHTING CO., INC.

Principal Place of Business

**5716 ST AUGUSTINE RD
JACKSONVILLE FL 32258**

Mailing Address

**5716 ST AUGUSTINE RD
JACKSONVILLE FL 32258**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

32207

Duval

6. Name and Address of Current Registered Agent

**AKEL, EDWARD C
ONE INDEPENDENT DR, SUITE 2301
JACKSONVILLE FL 32202**

4. FEI Number

59-356-7330

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

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 **Akel, Edward C**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-02

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

TITLE **D Owner** ☐ Delete
NAME **GRIFFIN, JOHN E JR**
STREET ADDRESS **5716 ST AUGUSTINE RD**
CITY-STATE-ZIP **JACKSONVILLE FL 32258**

TITLE **President** ☐ Delete
NAME **G. Bower Jeffries Jr.**
STREET ADDRESS **5716-1 St. Augustine Rd**
CITY-STATE-ZIP **Jax FL 32207**

TITLE **Sec. & Treasurer** ☐ Delete
NAME **Martha Jeffries**
STREET ADDRESS **5716-1 St. Augustine Rd**
CITY-STATE-ZIP **Jax. FL 32207**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: **John E. Griffin Jr.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-02

Date

(904) 680-0874

Daytime Phone #

CP2E034 (9/01)