2002 UNIFORM BUSINESS REPORT (UBR)

Apr 17, 2002 8:00 am § Secretary of State DOCUMENT # P01000022914 L_Entity Name 04-17-2002 90149 014 ***150.00 **GULF COAST LIGHTING & DECOR COMPANY** Principal Place of Business Mailing Address 914 NE 24TH LN., UNIT #3 914 NE 24TH LN., UNIT #3 CAPE CORAL FL 33909 CAPE CORAL FL 33909 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-1088 90 Applied For City & State City & State Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bruno. Joseph Street Address (P.O. Box Number is Not Acceptable) 5261 O'BANNON RD. FT. MYERS FL 33905 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 59. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Vice President Deborati D. Bruno 5261 O'BANNON KD. ☐ Addition TITLE TITLE ☐ Delete NAME NAME BRUNO, JOSEPH D STREET ADDRESS STREET ADDRESS 5261 O'BANNON RD. Fr. myens, FL 33905 CITY-ST-7IP FT. MYERS FL 33905 CITY-ST-7IP See RETARY Antibay J. Bruno Delete 4 Addition ☐ Change TITLE TITLE NAME NAME BRANCHER, KENNETH P 2267 QUEENE ANN DR STREET ADDRESS STREET ADDRESS 1419 53RD TERRACE Etmyens, I=L 33505 CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33914 Theasuren Change Addition ☐ Delete TITLE THOMAS R. BRUND 5261 OBANNON RD NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PT Myens IPL 3391 TITLE ☐ Change ☐ Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/02 941-671-6915

FILED