

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

05-21-2002 91151 007 \*\*\*150.00

DOCUMENT # PO1000086316  
1. Entity Name arc lighting Systems, Inc

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <u>5654 Sarah Ave</u> Suite, Apt. #, etc. <u>Sarasota</u> City & State <u>FL</u>		3. Mailing Address <u>7198 Westwood Way</u> Suite, Apt. #, etc. <u>Sarasota FL</u> City & State	
Zip <u>34233</u>	Country <u>USA</u>	Zip <u>34241</u>	Country <u>USA</u>

DO NOT WRITE IN THIS SPACE

4. FEI Number <u>65-1158825</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>June Plank</u>
Street Address (P.O. Box Number is Not Acceptable) <u>7198 Westwood Way</u>
<u>Sarasota FL</u>
City <u>FL</u> Zip Code <u>34241</u>

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 Joe A. Plank DATE 4-26-02  
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) <input type="checkbox"/>	<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>President</u> <u>Genard M Plank Jr</u> <u>7198 Westwood Way</u> <u>Sarasota, FL 34241</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 4/26/02 DAYTIME PHONE # 1-941-925-2049  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

CR2E034B (12/01)

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