

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2008 8:00 am
Secretary of State

04-23-2008 90035 005 ***150.00

DOCUMENT # P01000089939

1. Entity Name

UNIQUE LIGHTING CONCEPTS, INC.



Principal Place of Business

7423 N.W. 73 AVE
TAMARAC FL 33319

Mailing Address

7423 N.W. 73 AVE
TAMARAC FL 33319

2. Principal Place of Business - No P.O. Box #

9671 SCEPTER AVE

3. Mailing Address

9671 SCEPTER AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BROOKSVILLE, FL

City & State

BROOKSVILLE, FL

Zip

Country

Zip

Country

34613

34613

4. FEI Number

65-1136075

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JONES, DOROTHY
5534 BUENA VISTA
MARGATE FL 33063

7. Name and Address of New Registered Agent

Name

JONES DOROTHY

Street Address (P.O. Box Number is Not Acceptable)

9671 SCEPTER AVE.

BROOKSVILLE

City

FL

Zip Code

34613

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME JONES, JACK
STREET ADDRESS 7423 N.W. 73 AVE
CITY-ST-ZIP TAMARAC FL 33319

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JACK JONES

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-08 954-612-8798

Date

Daytime Phone #