

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90810 047 ***150.00

0444351 AV

DOCUMENT # P01000109776

1. Entity Name
TROPICAL HOLIDAY LIGHTING INC.



Principal Place of Business
17721 SUNRISE DR
LUTZ FL 33549

Mailing Address
17721 SUNRISE DR
LUTZ FL 33549

2. Principal Place of Business
17721 Sunrise Dr

3. Mailing Address
17721 Sunrise Dr

Suite, Apt. #, etc.
Lutz, FL

Suite, Apt. #, etc.

City & State
Lutz, FL 33549

City & State
Lutz, FL

Zip
33549

Country
USA

Zip
33549

Country
USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-1151884**

Applied For

☒ **Not Applicable**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GAY, JEFFORY L
17721 SUNRISE DR
LUTZ FL 33549

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

SIGNATURE *Jeffory L Gay*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/16/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GAY, JEFFORY L
17721 SUNRISE DR
LUTZ FL 33549

☐ **Delete**

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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jeffory L Gay*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/16/03

CR2E034 (10/02)