

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2002 8:00 am**  
**Secretary of State**

05-05-2002 90306 001 \*\*\*150.00

CR2E034 (9/01)

**DOCUMENT # P94000004874**

1. Entity Name

**EXCITING LIGHTING OF PASCO, INC.**

**358471**



DO NOT WRITE IN THIS SPACE

|   |   |
|---|---|
| Principal Place of Business<br><b>154 COMMERCIAL WAY<br/>SPRINGHILL-FL-34606<br/>US</b> | Mailing Address<br><b>154 COMMERCIAL-WAY<br/>_SPRINGHILL-FL.34606-<br/>_US_</b> |
|---|---|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>11259 Libby Rd<br/>Suite, Apt. #, etc.<br/>Spring Hill<br/>City &amp; State<br/>Spring Hill, FL<br/>Zip<br/>34609 Country<br/>US</b> | 3. Mailing Address<br><b>11259 Libby Rd<br/>Suite, Apt. #, etc.<br/>Spring Hill, FL<br/>Zip<br/>34609 Country<br/>US</b> |
|---|--|

|  |  |
|--|--|
| 4. FEI Number<br><b>59-3220002</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> <b>\$8.75</b> Additional Fee Required |  |

6. Name and Address of Current Registered Agent

**MULDERINK, TIMOTHY B**  
~~154 COMMERCIAL WAY~~  
~~SPRINGHILL FL 34606~~

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**11259 LIBBY RD**  
 City **SPRING HILL** FL Zip Code **34609**

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 *[Signature]* T.B.M.  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE *[Date]*

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PTS<br/>MULDERINK, TIMOTHY B.<br/>11259 LIBBY RD<br/>SPRING HILL FL 34609</b> <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete  |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |   |
|---|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP        | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: *[Signature]* **4/18/02**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #