

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90104 017 ***150.00

DOCUMENT # P94000037703

1. Entity Name

INNOVATIVE LIGHTING MFG. INC.

Principal Place of Business

Mailing Address

**7605 PISSARRO DR
 SUITE 107
 ORLANDO FL 32819**

**7605 PISSARRO DR
 SUITE 107
 ORLANDO FL 32819**

2. Principal Place of Business

436 WATER

3. Mailing Address

P.O. Box 0606

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CELEBRATION, FL

City & State

CELEBRATION, FL

4. FEI Number

65-0494918

Applied For

Not Applicable

Zip

Country

34747 OSCOLA

Zip

Country

34747 OSCOLA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARMOUR, THOMAS J
 7605 PISSARRO DR
 SUITE 107
 ORLANDO FL 32819**

7. Name and Address of New Registered Agent

Name **THOMAS J. ARMOUR**

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

436 WATER ST

City **CELEBRATION**

FL

Zip Code

34747

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
P	ARMOUR, THOMAS J	7605 PISSARRO DR #107	ORLANDO FL 32819	<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRES.	THOMAS J. ARMOUR	436 WATER ST.	CELEBRATION, FL 34747	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/2001 407-566-0700
 Date Daytime Phone #

CR2E034 (10/00)

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