

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

FILED
May 29, 2002 8:00 am
Secretary of State

05-29-2002 93595 002 ***150.00

DOCUMENT # *P94000040682*

1. Entity Name
HOME LIGHTING & FANS, INC.



DO NOT WRITE IN THIS SPACE

013349

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

307 Hwy 27

3. Mailing Address

P.O. Box 1423

Suite, Apt. #, etc.

UNIT B

Suite, Apt. #, etc.

City & State

MINNEOLA, FL

City & State

MINNEOLA, FL

4. FEI Number

59-3248282

Applied For

Not Applicable

Zip

34755

Country

USA

Zip

34755

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

DANNY D. HARPER

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

112 CHESTER ST.

City

MINNEOLA

FL

Zip Code

34755

**DO NOT WRITE
IN THIS SPACE**

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)



January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
*PRESIDENT
DANNY D. HARPER
P.O. BOX 1423
MINNEOLA, FL 34755*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*VICE PRESIDENT
DAVID HARPER
P.O. BOX 192
MINNEOLA, FL 34755*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

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:

Danny D. Harper **DANNY D. HARPER**

5-15-2002

352-394-3302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)