2000 UNIFORM BUSINESS REPORT (UBR)

6-28-00

06-02-2000 90009 028 ***550.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 JUN 28 AM 6:55

DOCUMENT # P94000080621

Entity Name

HDS Lighting, Inc.

Principal Place of Business	Mailing Address
50 Greenbriar Avenue avie, FL 33325 SA	750 Greenbriar Avenue Davie, FL 33325 USA

00057901

DO NOT WRITE IN THIS SPACE

Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0531663 ☐ 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
	Name: Wayne Horwitz, C.P.A. Street Address (P.O. Box Number is Not Acceptable): 3511 West Commercial Boulevard Suite 402 City: Fort Lauderdale FL Zip Code: 33309

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] CPA — 4-25-00

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
Pres/VP/Sec/Treas Hubert Scott 750 Greenbriar Avenue Davie, FL 33325	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Pres/Sec	☒ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: VP/Trea Lucille Scott 750 Greenbriar Avenue Davie, FL 33325	☐ Change ☒ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	☐ Change ☐ Addition
	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP:	☐ Change ☐ Addition

CR2E034 (9/99)

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] — May 2000 — 954-472 6744

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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