

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088449

1. Entity Name

L & O LIGHTING, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90091 043 ***150.00

Principal Place of Business

1339 S KILLIAN DR
LAKE PARK FL 33403
US

Mailing Address

3430 NW 27 AVE
POMPANO BEACH FL 33069-1067
US

2. Principal Place of Business

3. Mailing Address

2961 Center Post Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Pompano Beach, FL

Zip

Country

Zip

Country

33064

USA

4. FEI Number

65-0787333

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

PALMER, LINDA
3430 NW 27 AVENUE
POMPANO BEACH FL 33069

Name

Linda Palmer

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

2961 Center Post Circle

City

Pompano Beach

FL

Zip Code

33064

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

Linda Palmer

3/23/00

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, LINDA	
STREET ADDRESS	3430 NW 27 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	D	<input type="checkbox"/> Delete
NAME	PALMER, KENNETH	
STREET ADDRESS	3430 NW 27 AVE	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Linda Palmer
STREET ADDRESS	2961 Center Post Circle
CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth Palmer
STREET ADDRESS	2961 Center Post Circle
CITY-ST-ZIP	Pompano Beach, FL 33064
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

Linda Palmer
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/00

Date

954-580-0714

Daytime Phone #

CR2E034 (9/99)