

FILED
Mar 28, 2002 8:00 am
Secretary of State

02-11-2002 90160 028 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088449

1. Entity Name
L & O LIGHTING, INC.

Principal Place of Business

1339 S KILLIAN DR
 LAKE PARK FL 33403
 US

Mailing Address

2961 CENTER POST CIR.
 POMPANO BEACH FL 33064
 US

2. Principal Place of Business

2961 CENTER PORT CIR.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO Bch, FL

City & State

Zip
 33064

Country
 US

Zip

Country

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

PALMER, LINDA
 2961 CENTER PORT CIRCLE
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name Sheldon R Levine

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

7003 NW 80th CT

City TAMARAC

FL

Zip Code
 33321

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 address 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, 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	D	<input checked="" type="checkbox"/> Delete
NAME	PALMER, LINDA	
STREET ADDRESS	2961 CENTER PORT CIRCLE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PALMER, KENNETH	
STREET ADDRESS	2961 CENTER POST CIR.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	O/P Sheldon R Levine	<input type="checkbox"/> Delete
NAME	7003 NW 80th CT	
STREET ADDRESS	TAMARAC, FL 33321	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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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:

Sheldon R Levine
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)