

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

DOCUMENT # **P97000088449**

1. Entity Name:

L & O LIGHTING, INC

Amended

FILED 09-30-2002 90180 027 ****61.25
SECRETARY OF STATE
DIVISION OF CORPORATIONS 97600088449

02 OCT -3 PM 12:01

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1339 S. KILLIAN DRIVE

3. Mailing Address
1339 S. KILLIAN DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
LAKE PARK, FL

City & State
LAKE PARK, FL

Zip
33403

Country
USA

Zip
33403

Country
USA

4. FEI Number
65-0787333

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name **WILLIAM F. ELMORE**

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

1339 S. KILLIAN DRIVE

City **LAKE PARK,**

FL

Zip Code
33403

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

William F. Elmore

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

(NOTE: Registered Agent signature required when reissuing)

9-28-02

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 William F. Elmore—1339 S. Killian Drive—Lake Park, Fla 33403

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice-President—Sheldon Levine—2173 NW 22 Street—Pompano Beach, 33069

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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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)(f), 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 employment.

SIGNATURE:

William F. Elmore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-28-02 561-844-8009

Date

Daytime Phone #

CR2E034B (12/01)

10/4/02