

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000088774

1. Entity Name

EARL THOMAS LIGHTING, INC.

**FILED**  
**Apr 10, 2000 8:00 am**  
**Secretary of State**

04-10-2000 90168 050 \*\*\*150.00

Principal Place of Business

3350 W. HILLSBOROUGH AVENUE  
SUITE 327  
TAMPA FL 33614

Mailing Address

3350 W. HILLSBOROUGH AVENUE  
SUITE 327  
TAMPA FL 33604-6905

2. Principal Place of Business

307 W. Comanche Ave

3. Mailing Address

307 W. Comanche Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tampa FLORIDA

City & State

Tampa FLORIDA

4. FEI Number

59-3477032

Applied For

Not Applicable

Zip

Country

33604

Zip

Country

FL 33604

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

THOMAS, EARL

3350 W. HILLSBOROUGH AVENUE  
SUITE 327  
TAMPA FL 33614

Name

EARL THOMAS

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

307 W. Comanche Ave

City

Tampa

FL

Zip Code

33604

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.

PRESIDENT / owner

(NOTE: Registered Agent signature required when reinstating)

4/4/00

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	PT	<input type="checkbox"/> Delete
NAME	THOMAS, EARL	
STREET ADDRESS	3350 W. HILLSBOROUGH AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE	SV	<input checked="" type="checkbox"/> Delete
NAME	GORMAN, JOHN	
STREET ADDRESS	3350 W. HILLSBOROUGH AVENUE	
CITY-ST-ZIP	TAMPA FL 33614	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EARL THOMAS

Date

Daytime Phone #

4/4/00 (813) 238-9242

CR2E034 (9/99)