

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2000 8:00 am
Secretary of State

05-20-2000 90001 041 ***150.00

DOCUMENT # P97000090274

1. Entity Name

ORLANDO LIGHTING & GRIP, INC.

Principal Place of Business

Mailing Address

12291 WEST COLONIAL DRIVE
 WINTER GARDEN FL 34787

12291 WEST COLONIAL DRIVE
 WINTER GARDEN FL 34787-4129



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

12291 West Colonial Dr.

12291 West Colonial Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Winter Garden, FL

Winter Garden, FL

City & State

City & State

Winter Garden, FL

Winter Garden, FL

Zip

Country

Zip

Country

34787

US

34787

US

4. FEI Number

59-3473975

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

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

City

FL

Zip Code

LAGER, THOMAS W
 345 OFFICE PLAZA
 TALLAHASSEE FL 32301

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.

(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 ☐ Delete
 NAME D
 STREET ADDRESS SLADE, GEORGE K
 CITY-ST-ZIP 11403 MERSEILLES BLVD
 CLERMONT FL 34711

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☒ Delete
 NAME D
 STREET ADDRESS CATAN, JOHN
 CITY-ST-ZIP 415 PALM LANE
 CLERMONT-FL 34711

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *George K Slade*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2000 (407) 694-3911
 Date Daytime Phone #

CR2E034 (9/99)