

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031349

1. Entity Name

ADVANCED LIGHTING, INC.

FILED
Apr 03, 2000 8:00 am
Secretary of State

04-03-2000 90197 022 ***150.00

Principal Place of Business

Mailing Address

121 NORTHBROOK LANE
ORMOND BEACH FL 32174

121 NORTHBROOK LANE
ORMOND BEACH FL 32174-3949

2. Principal Place of Business

595 N. Nova Road
Suite, Apt. #, etc.
107A

3. Mailing Address

595 N. Nova Rd
Suite, Apt. #, etc.
107A

City & State

Ormond Beach, FL

City & State

Ormond Beach, FL

Zip

Country

32174

USA

Zip

Country

32174

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3521331

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

CHONG, STEPHEN C.L.
605 E. ROBINSON STREET
SUITE 510
ORLANDO FL 32801

Name

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

City

FL

Zip Code

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

Carol D Smith, President

3/29/2000

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 SMITH, CAROL
CITY-ST-ZIP 580 W. PALM VALLEY DRIVE
OVIEDO FL 32765

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

TITLE ☐ Delete
NAME D
STREET ADDRESS CHONG, STEPHEN C.L.
CITY-ST-ZIP 605 E. ROBINSON STREET, SUITE 510
ORLANDO FL 32801

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

TITLE ☐ Delete
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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:

Carol D Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/00

Date

904-677-5738

Daytime Phone #

CR2E034 (9/99)