

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 22, 2000 8:00 am**  
**Secretary of State**

03-22-2000 90020 028 \*\*\*150.00

**DOCUMENT # P98000038034**

1. Entity Name  
**FAN WORLD AND LIGHTING, INC.**

Principal Place of Business 3129 E GULF TO LAKE HWY INVERNESS FL 34453	Mailing Address 3129 E GULF TO LAKE HWY INVERNESS FL 34453-3215
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>3129 E. Gulf To Lake Hwy</b> Suite, Apt. #, etc.	3. Mailing Address <b>3129 E. Gulf to Lake Hwy</b> Suite, Apt. #, etc.
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City & State <b>Inverness, FL.</b>	City & State <b>Inverness, FL.</b>	4. FEI Number <b>59-3527571</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
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Zip <b>34453</b>	Country <b>USA</b>	Zip <b>34453</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MAYEU, LORIE</b> <b>5515 N. IRVING PARK AVE</b> <b>HERNANDO FL 34442</b>	7. Name and Address of New Registered Agent Name <b>LORIE MAYEU</b> Street Address (P.O. Box Number is Not Acceptable) <b>5515 N. IRVING PARK AVE.</b> City <b>Hernando</b> FL <b>34442</b>
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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 *Lorie Mayeu* (NOTE: Registered Agent signature required when reinstating) DATE 3-20-00

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  **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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>MAYEU, LORIE</b> <b>5515 N IRVING PARK AVE</b> <b>HERNANDO FL 34442</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Lorie Mayeu* **3-20-00** (352) 726-5566  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)