2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000006205 **DOCUMENT #**

Mailing Address

1. Entity Name

Principal Place of Business

FLORIDA FAN & LIGHTING, INC.



FILED Apr 04, 2003 8:00 am Secretary of State

04-04-2003 90142 022 ***150.00

20028431

FCIAL WAY 5133 COMMERCIAL WAY FL 34606 SPRING HILL FL 34606							
3. Mailing Address							
Suite, Apt. #, etc. Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State	City & State		4. F	⁵⁹⁻³⁵⁵⁸⁹¹⁴		Applied For	
Zip	Zip Countr		5. (Certificate of Status Desired	\$8.75 A		
6. Name and Address of Current Registered Agent		7: Name and Address of New Registered Agent					
DIMARCO, ROBERT F CPA 3444 EAST LAKE RD			Name Street Address (P.O. Box Number is Not Acceptable)				
SUITE 412 PALM HARBOR FL 34685					FL Zip Co	ode	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE							
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				Election Campaign Financing Trust Fund Contribution.	☐ Adde	00 May Be ed to Fees	
			AD	DITIONS/CHANGES TO OFFICERS			
DUPUIS, DARLINE ss 5640 LEGEND HILLS LN sti		ME EET ADDRESS			∐} Change	Addition 	
NA STI		ME EET ADDRESS Y-ST-ZIP			☐ Change		
0	NAM STRI	RE EET ADDRESS		,	Change	- Addition	
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	SPRING HILL F 3. Mailing Addr Suite, Apt. #, City & State Zip Soff Current Registered Agent statement for the purpose of che registered agent and title if applicable. 150.00 per \$550.00 partment of State ICERS AND DIRECTORS D D D D D D D	SPRING HILL FL 34606 3. Mailing Address Suite, Apt. #, etc. City & State Zip	SPRING HILL FL 34606 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country Fof Current Registered Agent Name Street Address City Statement for the purpose of changing its registered office or registered agent and title it applicable. (NOTE: Registered Agent signature) (NOTE: Registered Agent signature) Street Address City - ST- ZiP Delete Title NAME STREET ADDRESS CITY - ST- ZiP Title NAME STREET ADDRESS CITY - ST- ZiP Delete Title NAME STREET ADDRESS CITY - ST- ZiP Delete Title NAME STREET ADDRESS CITY - ST- ZiP Delete Title NAME STREET ADDRESS CITY - ST- ZiP Delete Title NAME STREET ADDRESS CITY - ST- ZiP Delete Title NAME STREET ADDRESS CITY - ST- ZiP Delete Title NAME STREET ADDRESS CITY - ST- ZiP Delete Title NAME STREET ADDRESS CITY - ST- ZiP Delete STREET ADDRESS CITY - ST- ZiP Delete STREET ADDRESS CITY - ST- ZiP Delete STREET ADDRESS CITY - ST- ZiP STREET ADDRESS CITY - ST- ZiP	SPRING HILL FL 34606 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country 5. G City State All Name Street Address (P.O. B City Statement for the purpose of changing its registered office or registered agent and title if applicable. (NOTE: Registered Agent signature required when received agent and title if applicable. (NOTE: Registered Agent signature required when received agent and signature required when received agent and signature required when received agent and signature required when received agent applicable. 150.00 162550.00 171. 184 185 186 195 196 111. 185 111. 186 187 188 188 188 188 188 188	3. Mailing Address Suite, Apt. #, etc. CHECK HERE IF MAI City & State 4. FEI Number 59-3558914 Zip Country 5. Certificate of Status Desired 7. Name and Address of New Register Name 7. Name and Address of New Register Address (P.O. Box Number is Not Acceptable) Statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. It is a spiritable. (NOTE Registered Agent signature required when reinstating) D. City P. Election Campaign Financing Trust Fund Contribution. 150.00 9. Election Campaign Financing Trust Fund Contribution. 150.00 P. Election Campaign Financing Trust Fund Contribution. 150.00 Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE STR	Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGE	

indicated on this report or supplied with this ming 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 suppliemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: