## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) Jan 10, 2001 8:00 am Secretary of State DOCUMENT # P9900040838 ROYAL DESIGNERS LIGHTING, INC. 01-10-2001 90085 042 \*\*\*150.00 Principal Place of Business Mailing Address 5627 OAKLAND DR. 5627 OAKLAND DR. TAMPA FL 33617 TAMPA FL 33617 3. Mailing Address 8419-KIVEKVIEW DRIVE 2. Principal Place of Business 78419-RIVERVIEW DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-3574736 RIVERVIEW RIVELUIEW FLA Not Applicable FLA Country \$8,75 Additional Country 5. Certificate of Status Desired NZA Fee Required 33569 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent IDDON. ERIC IDDON, ERIC J Street Address (P.O. Box Number is Not Acceptable) 5627 OAKLAND DR. TAMPA\*FL\*33617 RIVERVIEW 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 - DIRECAL DDON FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition TITLE ☐ Delete TITLE RUBIN, CAROL S NAME NAME 8419- RIVELVIEW DRIVE STREET ADDRESS 5627 OAKLAND DR.~ \* STREET ADDRESS FLA - 33569 CITY-ST-ZIP TAMPA FL 336173 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE IDDON, ERIC J NAME NAME 8419-RIVERVIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TAMPA FL 33617** ☐ Change -- ☐ Addition -□.Delete TITLE JIILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 SIGNATURE: