

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2001 8:00 am
Secretary of State

01-10-2001 90085 042 ***150.00

DOCUMENT # P99000040838

1. Entity Name
ROYAL DESIGNERS LIGHTING, INC.

| | |
|---|---|
| Principal Place of Business 5627 OAKLAND DR. TAMPA FL 33617 | Mailing Address 5627 OAKLAND DR. TAMPA FL 33617 |
|---|---|

| | |
|--|--|
| 2. Principal Place of Business 8419-RIVERVIEW DRIVE Suite, Apt. #, etc. | 3. Mailing Address 8419-RIVERVIEW DRIVE Suite, Apt. #, etc. |
|--|--|

| | |
|--------------------------------------|--------------------------------------|
| City & State RIVERVIEW FLA | City & State RIVERVIEW FLA |
| Zip 33569 | Country USA |

| | |
|------------------------------------|--|
| 4. FEI Number 59-3574736 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

6. Name and Address of Current Registered Agent

IDDON, ERIC J
5627 OAKLAND DR.
TAMPA FL 33617

7. Name and Address of New Registered Agent

Name
IDDON, ERIC J.

Street Address (P.O. Box Number is Not Acceptable)
8419-RIVERVIEW DRIVE

City
RIVERVIEW FL Zip Code
33569

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 *Eric J. Iddon - Director* **ERIC J. IDDON** **1/4/2001**

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, 2001 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

| | |
|---|---------------------------------|
| TITLE D | <input type="checkbox"/> Delete |
| NAME RUBIN, CAROL S | |
| STREET ADDRESS 5627 OAKLAND DR. - * | |
| CITY-ST-ZIP TAMPA FL 33617 | |
| TITLE D | <input type="checkbox"/> Delete |
| NAME IDDON, ERIC J | |
| STREET ADDRESS 5627 OAKLAND DR. - * | |
| CITY-ST-ZIP TAMPA FL 33617 | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|---|--|
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS 8419-RIVERVIEW DRIVE | |
| CITY-ST-ZIP RIVERVIEW FLA - 33569 | |
| TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS 8419-RIVERVIEW DRIVE | |
| CITY-ST-ZIP RIVERVIEW. FLA. 33569 | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Eric J. Iddon* **ERIC J. IDDON** **1/4/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Paying Phone #

713-672-3989

CR2E034 (10/00)



DO NOT WRITE IN THIS SPACE