

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2003 8:00 am
Secretary of State

03-13-2003 90056 024 ***150.00

DOCUMENT # P99000040838



1. Entity Name
ROYAL DESIGNERS LIGHTING, INC.

Principal Place of Business
**8419 RIVERVIEW DRIVE
RIVERVIEW FL 33569**

Mailing Address
**8419 RIVERVIEW DRIVE
RIVERVIEW FL 33569**



2. Principal Place of Business
8419 RIVERVIEW DRIVE
Suite, Apt. #, etc.

3. Mailing Address
8419 RIVERVIEW DRIVE
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
RIVERVIEW FL
Zip
33569

City & State
RIVERVIEW FL
Zip
33569

4. FEI Number
59-3574736

Applied For
 Not Applicable

Country
USA

Country
USA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**IDDON, ERIC J
8419 RIVERVIEW DRIVE
RIVERVIEW FL 33569**

7. Name and Address of New Registered Agent

Name
ERIC J. IDDON
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Eric J. Iddon* **Ex V. P.** DATE **3/10/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D <input type="checkbox"/> Delete
NAME	RUBIN, CAROL S
STREET ADDRESS	89419 RIVERVIEW DRIVE
CITY-ST-ZIP	RIVERVIEW FL 33569
TITLE	D <input type="checkbox"/> Delete
NAME	IDDON, ERIC J
STREET ADDRESS	8419 RIVERVIEW DRIVE
CITY-ST-ZIP	RIVERVIEW FL 33569
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	

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	
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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eric J. Iddon* **Ex V. P.** DATE **3/10/03** DAYTIME PHONE # **813-672-3989**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)