

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90279 019 ***150.00

DOCUMENT # P99000063920

1. Entity Name
TINNEY & SONS LIGHTING, INC.

| | |
|--|---|
| Principal Place of Business 2219 NW COUNTY RD. 235 NEWBERRY FL 32669 | Mailing Address 2219 NW COUNTY RD. 235 NEWBERRY FL 32669-2382 |
|--|---|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 602 NW 75 th Street Suite Apt. #, etc. B | 3. Mailing Address 602 NW 75 th Street Suite Apt. #, etc. B |
|---|---|

| | | | |
|--------------------------------------|--------------------------------------|----------------------------|-------------------------------|
| City & State GAINESVILLE, FLORIDA | City & State GAINESVILLE, FLORIDA | 4. FEL Number 593589800 | Applied For Not Applicable |
| Zip 32607 | Country USA | Zip 32607 | Country USA |

| | |
|---|--|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Name and Address of Current Registered Agent TINNEY, WILLIAM S 2219 NW COUNTY RD. 235 NEWBERRY FL 32669 | |
| 7. Name and Address of New Registered Agent | |
| Name | Street Address (P.O. Box Number is Not Acceptable) |
| City | FL Zip Code |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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|---|---|---|-----------------------------|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> | \$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 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| | | SECRETARY-TREASURER SHARMA L. TINNEY 2219 NW CR 235 NEWBERRY, FLORIDA 32669 | |
| | | VICE-PRESIDENT/OPERATIONS TREYSEN R. TINNEY 22704 NW 22 AVENUE NEWBERRY, FLORIDA 32669 | |
| | | VICE-PRESIDENT/INVENTORY DALLAS S. TINNEY 22704 NW 22 AVENUE NEWBERRY, FLORIDA 32669 | |
| | | | <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: William S. Tinney DATE: 1/14/00 DAYTIME PHONE #: 352-331-6007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)