

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90062 019 \*\*\*150.00

0696701  
 SP

**DOCUMENT # P99000063920**

1. Entity Name  
**TINNEY & SONS LIGHTING, INC.**

Principal Place of Business      Mailing Address  
**602 NW 75TH ST SUITE B**      **PMB #38 7257 NW 4 BLVD**  
**GAINESVILLE FL 32607**      **GAINESVILLE FL 32607**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**3917 NW 9TH BLVD**      **3917 NW 9TH BLVD.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**Gainesville, FL**      **Gainesville, FL**  
 Zip      Country      Zip      Country  
**32606**      **USA**      **32606**      **USA**

4. FEI Number      Applied For  
**59-3589800**      Not Applicable  
 5. Certificate of Status Desired            **\$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 *William S Tinney*  
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.   
**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>TINNEY, SHARMAN L</b> <b>2219 NW CR 235</b> <b>NEWBERRY FL 32669</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VO</b> <b>TINNEY, TREYSEN R</b> <b>22704 NW 22 AVE</b> <b>NEWBERRY FL 32669</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VI</b> <b>TINNEY, DALLAS S</b> <b>22704 NW 22 AVE</b> <b>NEWBERRY FL 32669</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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*      **William S Tinney, AS President**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **4/15/02**      Daytime Phone #: **352 331-6007**

CR2E034 (9/01)