

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

05-08-2003 90168 030 ***550.00

0017360 AV

DOCUMENT # P99000096724

1. Entity Name
THEATRICAL LIGHTING CONNECTION-ORLANDO, CO.



Principal Place of Business
9500 SATELLITE BLVD.
#230
ORLANDO FL 32837

Mailing Address
9500 SATELLITE BLVD.
#230
ORLANDO FL 32837

2. Principal Place of Business
9436 AMERICAN EAGLE WAY

3. Mailing Address
SAME AS #2

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.

City & State
ORLANDO

City & State

Zip
FL.

Country
USA

Zip
32837

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number **36-4327542**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~NOLAN, WILLIAM T~~
~~9500 SATELLITE BLVD.~~
~~#230~~
~~ORLANDO FL 32837~~

Name **JOSEPH E. NEFF**
Street Address (P.O. Box Number is Not Acceptable)
9436 AMERICAN EAGLE WAY
SUITE 200
City **ORLANDO** FL **32837**

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 *Joseph E. Neff* **DIRECTOR OF OPERATIONS JOSEPH E. NEFF** **9/4/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P NOLAN, WILLIAM T 5216 WESLEY TERR. ROSEMONT IL 60018	<input checked="" 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
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	PRESIDENT WILLIAM T. NOLAN 411 HEATHROW COURT Burr Ridge, IL 60527	<input checked="" 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
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

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: *William T. Nolan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sept 5, 2003
Date

Daytime Phone #

CR2E034 (4/03)