

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90180 002 \*\*\*158.75

0066473

**DOCUMENT # S07781**

1. Entity Name

**ALL STATES LIGHTING, INC.**

Principal Place of Business

**3780 SILVER STAR RD  
 ORLANDO FL 32808**

Mailing Address

**3780 SILVER STAR RD  
 ORLANDO FL 32808**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3045526**

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GRIFFIN, TOM  
 3780 SILVER STAR ROAD  
 ORLANDO FL 32808**

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 \_\_\_\_\_

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>NARDONE, CLAIRE P</b>	
STREET ADDRESS	<b>4625 SLOEWOOD DRIVE</b>	
CITY-ST-ZIP	<b>MT. DORA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, MARY A</b>	
STREET ADDRESS	<b>5035 CONTOURA DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEUTZ, DAVID L</b>	
STREET ADDRESS	<b>4625 SLOEWOOD DRIVE</b>	
CITY-ST-ZIP	<b>MT. DORA FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GRIFFIN, TOMMY L</b>	
STREET ADDRESS	<b>5035 CONTOURA DRIVE</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32810</b>	
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		

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: *Tommy L Griffin*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/01

Date

Daytime Phone #

CR2E034 (10/00)