

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S31547

1. Entity Name

SPECIFIED LIGHTING, INC.

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90001 017 ***150.00

Principal Place of Business

Mailing Address

3114 DWARF PINE AVE
WINTER PARK FL 32792-6638
US

P.O. BOX 4778
WINTER PARK FL 32102-0129
US

2. Principal Place of Business

3. Mailing Address

1936 ALICE DRIVE

PO BOX 129

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ASTOR, FL.

City & State
ASTOR, FL.

4. FEI Number 59-3049874

Applied For
Not Applicable

Zip 32102

Country USA

Zip 32102

Country USA

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

GILL, JOHN J. III
3144 DWARF PINE AVE.
WINTER PARK FL 32792

Name JOHN J. GILL III
Street Address (P.O. Box Number is Not Acceptable)
1936 ALICE DRIVE
City ASTOR FL Zip Code 32102

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 *John J. Gill III President*

4-21-00

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	DP GILL, JOHN J. III 3114 DWARF PINE AVENUE WINTER PARK FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST GILL, BLANCA C. 3114 DWARF PINE AVE WINTER PARK FL	<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	DP JOHN J. GILL III 1936 ALICE DRIVE ASTOR, FL. 32102	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST BLANCA C. GILL 1936 ALICE DRIVE ASTOR, FL. 32102	<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

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: *Blanca C. Gill, PRES.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-00 904 749 9773
Date Daytime Phone #

CR2E034 (9/99)