2003 FOR PROFIT CORPORATION

FILED Mar 06, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** V08834 DOCUMENT # 1. Entity Name 03-06-2003 90138 033 ***150.00 A-LUMINATION ELECTRIC INC. Principal Place of Business Mailing Address 4850 ROSE AVENUE -4850 ROSE AVENUE-ORLANDO FL 32808 ORLANDO FL 32808 2. Principal Place of Business 3. Mailing Address \mathcal{M} rino Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State Or land o City & State 4. FEI Number Applied For 59-3117304 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORSOLITS, STEPHEN N. 4850 Rose avenue Street Address (P.O. Box Number is Not Acceptable) 6751 RUBENS CT ORLANDO FL 32818 Orlando, FL 32808 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change ORSOLITIS, STEPHEN N. NAME NAME 4850 ROSE AVENUE STREET ADDRESS STREET ADDRESS ORLANDO FL 32808 CITY-ST-7IP CITY-ST-ZIP **VPST** TITLE ☐ Delete TITLE ☐ Change ☐ Addition ORSOLITIS, DIANE NAME NAME STREET ADDRESS 4850 ROSE AVENUE STREET ADDRESS ORLANDO FL 32808 CITY-ST-ZIP CHTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 addres

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SIGNATURE:

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