

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90144 001 ***150.00

DOCUMENT # 481753

1. Entity Name
LIGHTING TECHNOLOGY SYSTEMS, INC.



Principal Place of Business
**3331-B S.W. 42ND AVENUE
PALM CITY FL 34990
US**

Mailing Address
**PO BOX 4286
VERO BEACH FL 32964**



2. Principal Place of Business

7453 Commercial Cr.

3. Mailing Address

7453 Commercial Cr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Ft. Pierce, FL

City & State
Ft. Pierce, FL

4. FEI Number
59-1610694

Applied For
 Not Applicable

Zip Country
34951 USA

Zip Country
34951- 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

**GARLATI, MARILYN A
702 SILVER SHORES RD
VERO BEACH FL 32963**

Name

Street Address (P.O. Box Number is Not Acceptable)
10133 Inverness Way

City Zip Code
Pt. St. Lucie FL 34986

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
After May 1, 2003 Fee will be \$550.00
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	<input type="checkbox"/> Delete
EVPT	GARLATI, WILLIAM C	702 SILVERSHORES RD	VERO BEACH FL 32963	<input type="checkbox"/>
PS	GARLATI, MARILYN	702 SILVERSHORES RD	VERO BEACH FL 32963	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		10133 Inverness Way	Port St. Lucie, FL 34986	<input checked="" type="checkbox"/>	<input type="checkbox"/>
		10133 Inverness Way	Port St. Lucie, FL 34986	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Marilyn A. Garlati* Pres. 3/6/03 772-464-1664
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)