

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2000 8:00 am**  
**Secretary of State**

07-14-2000 90001 022 \*\*\*150.00

**DOCUMENT # P98000083654**

*R*

1. Entity Name  
**K-24 LIGHTING, INC.**

Principal Place of Business      Mailing Address  
**1801 N.W. 23RD AVE., STE. D-2**      **1801 N.W. 23RD AVE., STE. D-2**  
**GAINESVILLE FL 32609**                      **GAINESVILLE FL 32609-8940**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 City & State                              City & State

Zip      Country      Zip      Country



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
**59-3542550**                      Not Applicable

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

6. Name and Address of Current Registered Agent  
**TOMLINSON, KELLY**  
**1801 N.W. 23RD AVE., STE. D-2**  
**GAINESVILLE FL 32609**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DPS</b> <b>TOMLINSON, KELLY</b> <b>1801 N.W. 23RD AVE., STE. D-2</b> <b>GAINESVILLE FL 32609</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>DVAS</b> <b>TOMLINSON, JENNIFER E</b> <b>1801 N.W. 23RD AVE., STE. D-2</b> <b>GAINESVILLE FL 32609</b>
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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
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: *Jennifer E Tomlinson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **6/28/00**      Daytime Phone #: **(352) 375-4170**

CS 07-14-2000

Attachment  
P# 83650  
D# 5068177

# K-24

**AUDIO — LIGHTING — VIDEO**

---

June 28, 2000

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Dear Florida Dept of State:

On behalf of K-24 Lighting Inc., thank you for taking the time to review the specific details that led to my Uniform Business Report to be filed late. 1999 was our first year as a corporation, and we employed a bookkeeper who assured us he was paying all of our taxes and handling all necessary government filings. However, we recently discovered that he was stealing money, mismanaging funds and failing to file and pay our taxes. At that time he left town and we filed a police report. The Gainesville Police Department has a warrant for his arrest. Our police report case number is 99-17737, the reporting officer's name is Mr. N.J. Hope and his ID number is 429. We would be happy to provide a copy of the police report for your review.

I just found this Uniform Business Report form in his desk today. I am air expressing it to you with a check so that you will receive it as soon as possible. If your department could waive the late penalty we would be most grateful, as we are struggling financially at this point in order to pay back taxes. Please call me at 352-375-4170 for any further information or questions you may have. Thank you for your time and consideration, we look forward to hearing from you soon.

Sincerely,



Jennifer Tomlinson