

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90002 039 ****50.00

DOCUMENT # L02000034701

1. Entity Name

LIGHT BULB DEPOT 5 LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7206 Beach Blvd

3. Mailing Address

P.O. Box 18353

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Jacksonville Florida

City & State
Memphis TN

4. FEI Number
71-0916712

Applied For
Not Applicable

Zip

Country

Zip

Country

32216

USA

38104-0353

USA

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name John R. Ebreo

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

7206 Beach Blvd

City Jacksonville

FL

Zip Code

32216

**DO NOT WRITE
IN THIS SPACE**

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

John R. Ebreo

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Florida Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Secretary
Rick Jones
3771 Premier Cove
Memphis, TN 38118

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Chief Manager
Carlos Laudensalo
7206 Beach Blvd
Jacksonville, FL 32216

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Carl Jones, Secretary

2/19/03

901-360-1942

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)