


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-10-2003 90145 039 ***150.00

DOCUMENT # P0000074056

1. Entity Name
ORANGE BULB, INC.



Principal Place of Business
**4100 N POWERLINE ROAD STE H-5
POMPANO BEACH FL 33073**

Mailing Address
**4100 N POWERLINE ROAD STE H-5
POMPANO BEACH FL 33073**



2. Principal Place of Business
6203-B W. SAND LAKE RD

3. Mailing Address
4100 N. POWERLINE RD

Suite, Apt. #, etc.
SUITE H-5

CHECK HERE IF MAKING CHANGES

City & State
ORLANDO, FL

City & State
POMPANO BEACH, FL

Zip
32819

Country
USA

Zip
33073

Country
USA

4. FEI Number **65-1032847**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

BRILL, THOMAS F
8211 W BROWARD BLVD STE 360
PLANTATION FL 33324-2737

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. I am familiar with, and accept the obligations of registered agent.

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

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 | P SATILL, AVRON 1563 ROYAL CIRCLE APOPKA FL 32703 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP CIVIN, STANLEY 10382 BUENA VISTA VENTURA DRIVE BOCA RATON FL 33498 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S GERSOWSKY, JAKE 4100 N POWERLINE ROAD, STE H-5 POMPANO BEACH FL 33073 | <input type="checkbox"/> Delete |
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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: J. GERSOWSKY **SIGNATURE REQUIRED** **VICE PRESIDENT / CFO** **954-984-9136** 2/05/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)