

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

02-10-2003 90145 034 ***150.00

DOCUMENT # P93000050087
1. Entity Name
DADE BULB, INC.



Principal Place of Business
**12451 S DIXIE HWY
MIAMI FL 33156
US**

Mailing Address
**4100 N. POWERLINE ROAD
SUITE H-5
POMPANO BEACH FL 33073
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0424327**
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**GERSOWSKY, JAKE
4100 N POWERLINE RD
STE H-5
POMPANO BEACH FL 33073**

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

TITLE	S <input type="checkbox"/> Delete
NAME	GERSOWSKY, JAKE
STREET ADDRESS	4100 N POWERLINE RD STE H-5
CITY-ST-ZIP	POMPANO BEACH FL 33073
TITLE	P <input type="checkbox"/> Delete
NAME	HENNINGS, ASHLEY
STREET ADDRESS	12451 S DIXIE HWY
CITY-ST-ZIP	MIAMI FL 33156
TITLE	VP <input type="checkbox"/> Delete
NAME	STOLLER, PETER
STREET ADDRESS	6519 VIA BENITA
CITY-ST-ZIP	BOCA RATON FL 33433
TITLE	VT <input checked="" type="checkbox"/> Delete
NAME	CIVIN, STANLEY
STREET ADDRESS	10382 BUENA VENTURA DR
CITY-ST-ZIP	BOCA RATON FL 33498
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP
STREET ADDRESS	CIVIN, STANLEY
CITY-ST-ZIP	10382 BUENA VENTURA DR BOCA RATON FL 33498
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 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
Date **2/05/03** Daytime Phone #

CR2E034 (10/02)