

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90314 027 ***150.00

DOCUMENT # P94000022802

1. Entity Name
CENTRAL BULB, INC.

Principal Place of Business 601 S NEW YORK AVE. STORE #2 WINTER PARK FL 32789 US	Mailing Address 4100 N. POWERLINE ROAD SUITE H-5 POMPANO BEACH FL 33073-3041 US
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number **65-0479901**

Applied For
Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**GEROWSKY, JAKE
 4100 N POWERLINE RD
 STE H-5
 POMPANO BEACH FL 33073**

**J. GERSOWSKY
 CONTROLLER
 954-984-9136**

7. Name and Address of New Registered Agent

Name **Leave as is - NO CHANGE**

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

City **FL** Zip Code

8. The above named entity submits this statement in the event of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE **4/28/00**

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	D	<input checked="" type="checkbox"/> Delete
NAME	FABIAN, RONALD	
STREET ADDRESS	872 E OAKLAND PARK BLVD	
CITY-ST-ZIP	FT LAUDERDALE FL 33334	
TITLE	S	<input type="checkbox"/> Delete
NAME	GEROWSKY, JAKE	
STREET ADDRESS	4100 N POWERLINE RD STE H-5	
CITY-ST-ZIP	POMPANO BEACH FL 33073	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SATILL, AVRON	
STREET ADDRESS	1563 ROYAL CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATILL, AVRON	
STREET ADDRESS	1563 ROYAL CIRCLE	
CITY-ST-ZIP	APOPKA, FL 32703	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CIVIN, STANLEY	
STREET ADDRESS	10382 BUENA VENTURA DR.	
CITY-ST-ZIP	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		

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 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE **4/28**

**J. GERSOWSKY
 CONTROLLER
 954-984-9136**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)