

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90104 014 ***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
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

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

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 for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME **D** Delete
FABIAN, RONALD
 STREET ADDRESS **872 E OAKLAND PARK BLVD**
 CITY-ST-ZIP **FT LAUDERDALE FL 33334**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **S** Delete
GEROWSKY, JAKE
 STREET ADDRESS **4100 N POWERLINE RD STE H-5**
 CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **VP** Delete
SATILL, AVRON
 STREET ADDRESS **1563 ROYAL CIRCLE**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE NAME **PRESIDENT** Change Addition
SATILL, AVRON
 STREET ADDRESS **1563 ROYAL CIRCLE**
 CITY-ST-ZIP **APOPKA FL 32703**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME **VICE PRESIDENT** Change Addition
CIVIN, STANLEY
 STREET ADDRESS **10382 BUENA VISTA VENTURA DRIVE**
 CITY-ST-ZIP **BOCA RATON, FL 33498**

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE NAME Change Addition
 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 on this report if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
 Date

GEROWSKY
VICE PRESIDENT / CFO
954-984-9136
 Daytime Phone #

CR2E034 (10/00)