


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

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

02-10-2003 90145 036 \*\*\*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



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0479901**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**GEROWSKY, 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**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	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	P	<input type="checkbox"/> Delete
NAME	SATILL, AVRON	
STREET ADDRESS	1563 ROYAL CIRCLE	
CITY-ST-ZIP	APOPKA FL 32703	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CIVIN, STANLEY	
STREET ADDRESS	10382 BUENA VISTA VENTURA	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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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 Chapter 689, 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. GEROWSKY **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 #

CRE034 (10/02)