

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90104 017 ***150.00

0138811

DOCUMENT # P95000062649

1. Entity Name
WEST PALM BULB, INC.

Principal Place of Business 4275 OKEECHOBEE BLVD STORE E WEST PALM BEACH FL 33409 US	Mailing Address 4100 NORTH POWERLINE ROAD SUITE H5 POMPANO BEACH FL 33073
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

4. FEI Number **65-0607140** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GERSOWSKY, 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 _____ DATE **4/27/01**
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. (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	P	<input type="checkbox"/> Delete
NAME	CIVIN, MICHAEL	
STREET ADDRESS	4275 OKEECHOBEE BLVD., STORE E	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Delete
NAME	CIVIN, STAN	
STREET ADDRESS	4275 OKEECHOBEE BLVD., STROE E	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	SC	<input checked="" type="checkbox"/> Delete
NAME	GERSOWSKY, JAKE	
STREET ADDRESS	400 N. POWERLINE ROAD, #H-5	
CITY-ST-ZIP	POMPANO BEACH FL 33073	

TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GERSOWSKY JAKE	
STREET ADDRESS	4100 N. POWERLINE ROAD, STE H-5	
CITY-ST-ZIP	POMPANO BEACH, FL 33073	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 on the 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

J. GERSOWSKY
VICE PRESIDENT / CFO
954-984-9136
 Date **4/27/01** Daytime Phone #

CR2E034 (10/00)