

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S57097

1. Entity Name

BOCA BULB, INC.

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

05-18-2000 90314 002 ***150.00

Principal Place of Business

Mailing Address

5500 N FEDERAL HWY
BOCA RATON FL 33487
US

4100 N. POWERLINE RD.
SUITE H-5
POMPANO BEACH FL 33073-3041
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0279744

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

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

J. GERSOWSKY

CONTROLLER

954-984-9136

Name

Leave as is no change in agent

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

City

FL

Zip Code

8. The above named entity submits this statement of its intent to change 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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☒ Delete
NAME FABIAN, RONALD M
STREET ADDRESS 872 E OAKLAND PARK BLVD
CITY-ST-ZIP OAKLAND PARK FL

TITLE D ☐ Delete
NAME CIVIN, STANLEY K
STREET ADDRESS 872 E OAKLAND PARK BLVD
CITY-ST-ZIP OAKLAND PARK FL

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE VP ☐ Change ☒ Addition
NAME HUDE, DEREK
STREET ADDRESS 9091 NW 13 ST
CITY-ST-ZIP PLANTATION, FL 33322

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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, and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

J. GERSOWSKY
CONTROLLER
954-984-9136

CR2E034 (9/99)