

2001 UNIFORM BUSINESS REPORT (UBR)

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

0139354

DOCUMENT # S57097

1. Entity Name
BOCA BULB, INC.

05-02-2001 90104 021 ***150.00

Principal Place of Business Mailing Address
5580 N FEDERAL HWY **4100 N. POWERLINE RD.**
BOCA RATON FL 33487 **SUITE H-5**
US **POMPANO BEACH FL 33073**
US



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 **65-0279744** 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
TERSOWSKY, JAKE
4100 N POWERLINE RD
STE H-5
POMPANO BEACH FL 33073

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **PRESIDENT** Change Addition
 NAME **CIVIN, STANLEY**
 STREET ADDRESS **10302 BUENA VENTURA DRIVE**
 CITY-ST-ZIP **BOCA RATON FL 33498**

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

TITLE **VICE PRESIDENT / SECRETARY** Change Addition
 NAME **TERSOWSKY, JAKE**
 STREET ADDRESS **4100 N POWERLINE ROAD, STE H-5**
 CITY-ST-ZIP **POMPANO BEACH, FL 33073**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DIRECTOR** Change Addition
 NAME **HUDE, DEREK**
 STREET ADDRESS **9091 N W 13 STREET**
 CITY-ST-ZIP **PLANTATION, FL 33322**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 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; 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Jake Tersowsky*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
Date

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

CR2E034 (10/00)