

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 26, 2001 8:00 am
Secretary of State
 04-26-2001 90248 031 ***150.00

DOCUMENT # 360438

1. Entity Name

HOUSE OF LAMPS & SHADES, INC.

Principal Place of Business

**11690 BEACH BLVD
 JACKSONVILLE FL 32216
 US**

Mailing Address

**11690 BEACH BLVD
 JACKSONVILLE FL 32216
 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 **59-1298185**

Applied For
 Not Applicable

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

**ROBERTSON, GERALD SAUNDERS, I
 754 RIVER ROAD
 ORANGE PARK FL 32073**

Name

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

City

State

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 (including signature agent and title if applicable)

(NOTE: Registered Agent signature required when changing)

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, 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

P ☐ Delete
ROBERTSON, CARL DIANE
754 RIVER RD.
ORANGE PARK FL

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

VS ☐ Delete
ROBERTSON, CAROL DIANE
754 RIVER RD.
ORANGE PARK FL

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

T ☐ Delete
ROBERTSON, GERALD S., I
754 RIVER RD.
ORANGE PARK FL

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

☐ Delete

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

☐ Delete

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

☐ Delete

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

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with authority to execute this report.

SIGNATURE: **GERALD S ROBERTSON I**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/17/01

Date

9045659800

Phone (Area Code)

CR2E034 (10/00)