

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 607141

1. Entity Name  
ACE LIGHTING, INC.

Principal Place of Business  
44 NE 1ST ST  
POMPANO BEACH FL 33060

Mailing Address  
44 NE 1ST ST  
POMPANO BEACH FL 33060

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 59-1892177

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

TABBERT, GLENN H  
741 SE 7TH AVE.  
POMPANO BEACH FL 33060

Name Charles A. Tabbert  
Street Address (P.O. Box Number is Not Acceptable)  
340 SE 6th St  
City Pompano Bch. FL Zip Code 33060

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 Charles A. Tabbert

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, 2002 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

T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TABBERT, GLENN H  
741 SE 7TH AVENUE  
POMPANO BEACH, FL 00000 ☒ Delete

T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Matthew G Tabbert  
340 S.E. 6th Street  
Pompano Bch., FL 33060 ☒ Change ☐ Addition

V  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TABBERT, CHARLES A  
340 SE 6TH ST.  
POMPANO BCH. FL ☐ Delete

V  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Joan M. Tabbert  
340 S.E. 6th Street  
Pompano Bch., FL 33060 ☒ Change ☐ Addition

P  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TABBERT, GLENN H  
741 SE 7TH AVENUE  
POMPANO BEACH, FL 00000 ☒ Delete

P  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Charles A Tabbert  
340 S.E. 6th Street  
Pompano Bch., FL 33060 ☒ Change ☐ Addition

S  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
WARRINGTON, FRANCES ANN  
2691 NE 22 COURT  
POMPANO BEACH FL ☒ Delete

S  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Joan M. Tabbert  
340 S.E. 6th Street  
Pompano Bch., FL 33060 ☒ Change ☐ Addition

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

☐ Delete  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
TITLE  
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 in Block 11 or Block 12 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

Date

Daytime Phone #

**FILED**  
**Jan 09, 2002 8:00 am**  
**Secretary of State**

01-09-2002 90014 050 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

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