

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90160 001 ***450.00

DOCUMENT # F01000001230

1. Entity Name
THE LIGHTING DEPOT LTD, INC.

Principal Place of Business
525 PLYMOUTH RD. STE N-316
PLYMOUTH MEETING PA 19462

Mailing Address
THE ATRIUM BLVD.. STE 411
631 US HWY ONE
NORTH PALM BEACH FL 33408

2. Principal Place of Business

3. Mailing Address *TOWER*
THE ADMIRALTY ~~BLVD.~~, SUITE 700
4400 PGA BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
PALM BEACH GARDENS, FL

Zip

Country

Zip
33410

Country

USA

4. FEI Number 23-2460281

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

HUELSMAN, WILLIAM C
631 US HWY ONE
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name
MARK S. FISCH, ESQ.
 Street Address (P.O. Box Number is ~~Not Permitted~~)
THE ADMIRALTY ~~BLVD.~~, SUITE 700
4400 PGA BLVD
 City
PALM BEACH GARDENS FL Zip Code
33410

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 name of registered agent and title if applicable.

MARK S. FISCH, ESQ.

4/30/02

(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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD FISCHER, EDWARD 525 PLYMOUTH RD, STE N-316 PLYMOUTH MEETING PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARKUS, CAROL 525 PLYMOUTH RD, STE N-316 PLYMOUTH MEETING PA	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOGEL, PHILIP 21140 JUEGO CIR BOCA RATON FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

EDWARD FISCHER, PRES.
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/30/02 (800) 691-9395

CR2E034 (9/01)