

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

0632489 FP

DOCUMENT # F01000003618

1. Entity Name

THE HUNDRED WATT GROUP LTD. COMPANY

Principal Place of Business

**15407 BLUE SKIES ST. WEST
 LIVONIA MI 48154**

Mailing Address

**15407 BLUE SKIES ST. WEST
 LIVONIA MI 48154**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

QUAINE, DOROTHY

10731 LA QUINTA DRIVE

NEW PORT RICHEY FL 34655

4. FEI Number

91-2115054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

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

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!!! FEES \$150.00
After May 1, 2002 Fees 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

TITLE **P** ☐ Delete
 NAME **SCHWARTZ, JILL**
 STREET ADDRESS **15407 BLUE SKIES CT W.**
 CITY-ST-ZIP **LIVONIA MI**

TITLE **ST** ☒ Delete
 NAME **SCHWARTZ, JOANNE**
 STREET ADDRESS **15407 BLUE SKIES CT W.**
 CITY-ST-ZIP **LIVONIA MI**

TITLE **V** ☐ Delete
 NAME **SCHWARTZ, JEFF**
 STREET ADDRESS **10731 LA QUINTA DRIVE**
 CITY-ST-ZIP **NEW PORT RICHEY FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SECRETARY / TREASURER** ☒ Change ☐ Addition
 NAME **SAME AS LEFT**
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **SAME AS LEFT.**
 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; 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

2/8/2002

Date

734.591.6514

Daytime Phone #

CR2E034 (9/01)