

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 14, 2003 8:00 am**  
**Secretary of State**

02-14-2003 90188 039 \*\*\*150.00

**DOCUMENT # P00000013746**

1. Entity Name  
**DELFT SURPLUS LIGHTING, CORP.**



Principal Place of Business  
**1025 SE 3RD AVE. #407  
DANIA FL 33004**

Mailing Address  
**1025 SE 3RD AVE. #407  
DANIA FL 33004**



2. Principal Place of Business  
**814 N. TURNER CAMP ROAD**

3. Mailing Address  
**814 N. TURNER CAMP ROAD**

☐ CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.  
**INVERNESS**

Suite, Apt. #, etc.

City & State  
**INVERNESS, FL**

City & State  
**INVERNESS, FL**

4. FEI Number **65-0984240**

Applied For  
☐ Not Applicable

Zip  
**34453**

Country  
**CITRUS**

Zip  
**34453**

Country  
**CITRUS**

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

**6. Name and Address of Current Registered Agent**

**BOOTSMA, ROBERT D  
1025 SE 3RD AVE. #407  
DANIA FL 33004**

**7. Name and Address of New Registered Agent**

Name **ROBERT D BOOTSMA**  
Street Address (P.O. Box Number is Not Acceptable)  
**814 N. TURNER CAMP ROAD**  
City **INVERNESS** FL Zip Code **34453**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert D Bootsma* DATE 2/12/03  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BOOTSMA, ROBERT D</b>	
STREET ADDRESS	<b>1025 SE 3RD AVE. #407</b>	
CITY-ST-ZIP	<b>DANIA FL 33004</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>DIRECTOR / PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERT D BOOTSMA</b>	
STREET ADDRESS	<b>814 N. TURNER CAMP Rd.</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34453</b>	
TITLE	<b>SECRETARY / DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MARCELLA BARAHONA</b>	
STREET ADDRESS	<b>814 N. TURNER CAMP Rd.</b>	
CITY-ST-ZIP	<b>INVERNESS FL 34453</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert D Bootsma*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/12/03 Daytime Phone # 352 726 3672

CR2E034 (10/02)