2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013746

1. Entity Name

DELFT SURPLUS LIGHTING, CORP.



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

02-14-2003 90188 039 ***150.00

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Mailing Ac			Mailing Addre

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

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2. Principal Place of Busin		3. Mailing Address 814 N. TURM	6R (M	n Noai	1		i işi bu llı us ili		99181 (140)	, ,,,,, ,,,,,,,	
	ER Camp Road	Suite, Apt. #, etc.				ı	CHECK	HERE IF MA	AKING C	HANGES	
Suite, Apt. #, etc. Invelvess.											- TE
City & State		City & State			4. Fl	El Numbe	65-098	4240		 	lied For
INVERNESS,	FL	INVERNESS	FL								Applicable
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34453	CITRUS	34453	10,11		7. N	ame and	Address o	New Regis	tered Ag	ent	
6. Nam	e and Address of Current	Hegistered Agent		Name =		- 1277				المارية	- I
BOOTSMA, ROBERT	D			Street Ad	dress (P.O. Bo	Numbe	v is Not Acc	rsmA eptable)			
1025 SE 3RD AVE. 1					314 N	<u>l. TU</u>	RUGE.	camp 1	<u> </u>		
DANIA FL 33004											
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		or the purpose of changing it	te register	ed office or r	egistered age	ent, or bot	th, in the Sta	ate of Florida	. I am fai	niliar with, a	nd accept
The above named ent the obligations of regi	ity submits this statement for stered agent.	or the purpose of changing it	is registere	ed office of t	egistered ag	JII., O. 20.	.,				
SIGNATURE Signature true	ad or punted name of registered agent	and title if applicable. (NC	TE: Registere	d Agent signatur	e required when re	instating)			2/12/ DATE	03	
FILE NOW After May 1, 20	!!! FEE IS \$150.00 003 Fee will be \$550.00 to Florida Department o		<u> </u>				ection Cam ust Fund Co	paign Financ Intribution.	ing 🖂		May Be to Fees
Make Check Payable			111.		AD	DITIONS	/CHANGES	TO OFFICE	RS AND	DIRECTORS	IN 11
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CITY-ST-ZIP		ith this filing does not qualify			ted in Section	 1 119.07(3	3)(i), Florida	Statutes. I fu	urther cer	tify that the	information
12. I hereby certify tha	t the information supplied w	ith this filing does not qualify his true and accurate and th	at my siar	ature shall h	nave the same	e legal eff	ect as if ma	de under oat	th; that I a	m an office	r or director

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/03

3527263672

Daytime Phone #