

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000099297

1. Entity Name

DEC LIGHTING CONSULTANTS, INC.

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90121 018 ***150.00

Principal Place of Business

5123 POINTE EMERALD LANE
BOCA RATON FL 33486

Mailing Address

5123 POINTE EMERALD LANE
BOCA RATON FL 33486

2. Principal Place of Business

820 LAVERS CIRCLE

3. Mailing Address

820 LAVERS CIRCLE

Suite, Apt. #, etc.

G-304

Suite, Apt. #, etc.

G-304

City & State

DELRAY BCH, FL

City & State

DELRAY BCH, FL

Zip

33444

Country

USA

Zip

33444

Country

USA

4. FEI Number

65-1049734

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GARY M. MILLS, P.A.
1761 W. HILLSBORO BLVD., SUITE 104
DEERFIELD BCH FL 33442

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!!! FEE IS \$150.00
After MAY 1, 2001 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

TITLE PVST
NAME GOTTES, PHILLIP
STREET ADDRESS 820 LAVERS CIR., SUITE G-304
CITY-ST-ZIP DELRAY BCH FL 33444 ☐ Delete

TITLE D
NAME GOTTES, PHILLIP
STREET ADDRESS 820 LAVERS CIR., SUITE G-304
CITY-ST-ZIP DELRAY BCH FL 33444 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 04/25/01

Date

Daytime Phone #

CR2E034 (10/00)