

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 20, 2002 8:00 am**  
**Secretary of State**

05-20-2002 90110 001 \*\*\*150.00

**DOCUMENT # P01000015831**

**1. Entity Name**  
**BULBS.NET, INC.**

**Principal Place of Business**

~~883 SE 6TH ST.~~ **2761 NORTHEAST 56th COURT**  
~~DANIA FL 33004~~ **c/o DIANE BARLOW**  
**FORT LAUDERDALE, FL**  
**33308-2711 US**

**Mailing Address**

~~883 SE 6TH ST.~~ **c/o GRUBER AND ASSOCIATES**  
~~DANIA FL 33004~~ **1650 SOUTHEAST 17th STREET,**  
**FORT LAUDERDALE FL**  
**33316-1735**  
**US**



**2. Principal Place of Business**

**2761 NORTHEAST 56th COURT**  
**c/o DIANE BARLOW**  
**FORT LAUDERDALE, FL**

**3. Mailing Address**

**96 GRUBER AND ASSOCIATES, P.A.**  
**1650 SOUTHEAST 17th STREET, #301**  
**FORT LAUDERDALE, FL**

DO NOT WRITE IN THIS SPACE

**City & State**  
**FORT LAUDERDALE, FL**  
**Zip** **33308-2711** **Country** **US**

**City & State**  
**FORT LAUDERDALE, FL**  
**Zip** **33316-1735** **Country** **US**

**4. FEI Number** **65-1078053** **Applied For**  
**Not Applicable**

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

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

**MCDONALD, MICHELLE**  
**333 SE 6TH ST.**  
**DANIA FL 33004 - 4722**

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

**Name** **MCDONALD, MICHELLE A.**  
**Street Address (P.O. Box Number is Not Acceptable)** **SOUTHEAST STREET**  
**City** **FL** **Zip Code** **33004-4722**

**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, 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**

<b>TITLE</b>	<b>D/P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>BARLOW, DIANE B.</b>	
<b>STREET ADDRESS</b>	<b>2761 NE 56TH CT.</b>	
<b>CITY-ST-ZIP</b>	<b>FT. LAUDERDALE FL 33308-2711</b>	
<b>TITLE</b>	<b>D/VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MCDONALD, MICHELLE A.</b>	
<b>STREET ADDRESS</b>	<b>333 SE 6TH ST.</b>	
<b>CITY-ST-ZIP</b>	<b>DANIA FL 33004 - 4722</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

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

<b>TITLE</b>	<b>D/P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>NORTHEAST B.</b>	
<b>STREET ADDRESS</b>	<b>COURT</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>D/VP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>SOUTHEAST A.</b>	
<b>STREET ADDRESS</b>	<b>STREET</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** Diane Barlow **DIANE BARLOW** **3/18/2** **954-777-0412**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

CR2E034 (9/01)