

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-06-2003 90127 042 \*\*\*150.00

**DOCUMENT # P02000049071**

1. Entity Name  
**BOYNTON LIGHTING, INC.**



Principal Place of Business  
**321 APACHE LANE  
BOCA RATON FL 33487**

Mailing Address  
**321 APACHE LANE  
BOCA RATON FL 33487**

2. Principal Place of Business

**3301 W. Boynton Bch. Blvd.**

Suite, Apt. #, etc.

**#10**

3. Mailing Address

**3301 W. Boynton Bch. Blvd.**

Suite, Apt. #, etc.

**#10**

City & State

**Boynton Bch.**

City & State

**Boynton Beach**

4. FEI Number

**62-0547814**

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MOCHAN, HENRY  
321 APACHE LANE  
BOCA RATON FL 33487**

Name **Henry Mochan**

Street Address (P.O. Box Number is Not Acceptable)  
**3301 W. Boynton Bch. Blvd, #10**

**Boynton Beach**

**FL**

Zip Code

**33436**

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

*Henry Mochan*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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  
Trust Fund Contribution.

☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PRESIDENT**  
NAME **HENRY MOCHAN**  
STREET ADDRESS **3301 W. Boynton Beach Blvd #10**  
CITY-ST-ZIP **BOYNTON BEACH, FLA. 33436**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

*Henry Mochan*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-3-03**

Date

Daytime Phone #

CR2E034 (10/02)