

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 08, 2002 8:00 am**  
**Secretary of State**  
 05-08-2002 90004 008 \*\*\*150.00

**DOCUMENT # P93000071499**

1. Entity Name

**TAMPA BAY BULB, INC.**

Principal Place of Business

**1503 S DALE MABRY HWY.  
 TAMPA FL 33629  
 US**

Mailing Address

**4100 N. POWERLINE ROAD  
 SUITE H-5  
 POMPANO BEACH FL 33073  
 US**

2. Principal Place of Business

3. Mailing Address

**1503 S. DALE MABRY HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**TAMPA 1**

City & State

City & State

**FL 33629**

Zip

Country

Zip

**33629**

Country

**USA**

4. FEI Number

**65-0442475**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**TERSOWSKY, JAKE**

**4100 N POWERLINE RD**

**STE H-5**

**POMPANO BEACH FL 33073**

7. Name and Address of New Registered Agent

Name

**CHALMERS CRAIG**

Street Address (P.O. Box Number is Not Acceptable)

**1503 S DALE MABRY HWY**

City

**TAMPA**

**FL**

Zip Code

**33629**

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)

**4/29/02**

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  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>TERSOWSKY, JAKE</b>	
STREET ADDRESS	<b>4100 N POWERLINE RD STE H-5</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33073</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>CHALMERS, CRAIG</b>	
STREET ADDRESS	<b>167 92ND AVE NE</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL 33702</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>CHALMERS, BRADLEY</b>	
STREET ADDRESS	<b>4707 FOXSHIRE CIRCLE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33624</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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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		

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 REQUIRED CRAIG CHALMERS**

**4/29/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)