

002 **FOR PROFIT CORPORATION**
UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91235 047 ***150.00

DOCUMENT # *p94000085812* ✓

1. Entity Name

Palm Beach Lighting & Fan Company, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

880 Jupiter Park Drive

Suite, Apt. #, etc.

Suite 12

City & State

Jupiter, FL 33458

Zip

33458

Country

USA

3. Mailing Address

880 Jupiter Park Drive

Suite, Apt. #, etc.

Suite 12

City & State

Jupiter, Florida

Zip

33458

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0548189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Miller, Walter

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

7994 SE Hempstead Cir.

City

Hobe Sound

FL

Zip Code

33455

**DO NOT WRITE
IN THIS SPACE**

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME

STREET ADDRESS

CITY - ST - ZIP

*President
Miller, Walter
7994 SE Hempstead Cir
Hobe Sound FL 33455*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-30-02 (561)575 6878