

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093922

1. Entity Name

BULBCO, INC.

**FILED**  
**May 18, 2000 8:00 am**  
**Secretary of State**

05-18-2000 90314 007 \*\*\*150.00

Principal Place of Business

Mailing Address

4100 N. POWERLINE RD  
SUITE H-5  
POMPANO FL 33073  
US

4100 N. POWERLINE RD  
SUITE H-5  
POMPANO FL 33073-3041  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0552368

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GEROWSKY, JAKE  
4100 N POWERLINE RD  
STE H-5  
POMPANO BEACH FL 33073

Name

*Leave as is - no change in agent*

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

J. GERSOWSKY

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered agent, controller, or both, in the State of Florida.

**CONTROLLER**  
**954-984-9136**

*4/28/00*

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	FABIAN, RON	
STREET ADDRESS	9891 SW 2ND STREET	
CITY-ST-ZIP	PLANTATION FL 33324	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CIVIN, STAN	
STREET ADDRESS	10382 BUENA VENTURA DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	D	<input type="checkbox"/> Delete
NAME	GEROWSKY, JAKE	
STREET ADDRESS	2114 N.W. 8TH STREET	
CITY-ST-ZIP	BOCA RATON FL 33486	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GLEN, HYMIE JACK	
STREET ADDRESS	4100 N. POWERLINE ROAD, STE H-5	
CITY-ST-ZIP	POMPANO BEACH, FL 33073	
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
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 the owner, officer or the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**J. GERSOWSKY**  
**CONTROLLER**  
**954-984-9136**

*4/28*

CR2E034 (9/99)