

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000093922

1. Entity Name
BULBCO, INC.

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90104 023 ***150.00

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0552368**

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

TERSOWSKY, 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

VICE PRESIDENT / CFO

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.

954-984-9136

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/27/01

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, 2001 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** ☒ Delete
NAME **FABIAN, RON**
STREET ADDRESS **9891 SW 2ND STREET**
CITY-ST-ZIP **PLANTATION FL 33324**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **GIEN, HYMIE JACK**
STREET ADDRESS **4100 N. POWERLINE ROAD, STE H-5**
CITY-ST-ZIP **POMPANO BEACH, FL 33073**

TITLE **VP** ☐ Delete
NAME **CIVIN, STAN**
STREET ADDRESS **10382 BUENA VENTURA DRIVE**
CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D/Secretary** ☐ Delete
NAME **TERSOWSKY, JAKE**
STREET ADDRESS **2114 N.W. 8TH STREET**
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **SECRETARY** ☒ Change ☐ Addition
NAME **TERSOWSKY, JAKE**
STREET ADDRESS **4100 N. POWERLINE ROAD #H5**
CITY-ST-ZIP **POMPANO BEACH FL 33073**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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 on the report as required by Chapter 607, Florida Statutes, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

J. GERSOWSKY
VICE PRESIDENT / CFO

954-984-9136

Daytime Phone #

CR2E034 (10/00)