

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 07, 2003 8:00 am**  
**Secretary of State**

05-07-2003 90141 033 \*\*\*150.00

0024502 AV

**DOCUMENT # P95000028706**

1. Entity Name  
**DESIGNER LAMPS, INC.**



Principal Place of Business  
**9592 POSITANO WAY  
LAKE WORTH FL 33467**

Mailing Address  
**9592 POSITANO WAY  
LAKE WORTH FL 33467**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0573826**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**AMERILAWYER  
343 ALMERIA AVE.  
CORAL GABLES FL 33134**

Name

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

City

**FL**

Zip Code

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME ☐ Delete  
**P  
MOTCHAN, PAUL  
9592 POSITANO WAY  
LAKE WORTH FL 33467**

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

TITLE NAME ☐ Delete  
**VP  
MOTCHAN, HELENE  
9592 POSITANO WAY  
LAKE WORTH FL 33467**

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY - ST - ZIP

TITLE NAME ☐ Change ☐ Addition  
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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:

*Helene Motchan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Helene Motchan* 4/28/03  
Date Daytime Phone #

CR2E034 (10/02)

Attachment # 5/3/07

To Whom it may concern, 80115218  
P95000028706  
Enclosed please find my check for  
filing for our corporation, \$150.00.

Please excuse my late filing. I  
have just undergone 2 major surgeries  
for 2 carotid arteries and was just  
unable to handle my affairs before  
now. We are senior citizens and  
would find it very hard to have to  
pay this penalty. We have never been  
late before. We have a small home  
based lamp business and my husband  
does the lamps and I do the paper-  
work. We would very much appreciate  
it if you would waive the penalty this  
one time. Thank you for your consideration

Sincerely  
Helene & Paul Motchan  
ob