

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

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**

Zip **Country** Zip **Country**

**6. Name and Address of Current Registered Agent**

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

**4. FEI Number** **65-0573826**  Applied For  
 Not Applicable

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

**7. Name and Address of New Registered Agent**

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 STREET ADDRESS CITY-ST-ZIP	P <b>MOTCHAN, PAUL 9592 POSITANO WAY LAKE WORTH FL 33467</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>MOTCHAN, HELENE 9592 POSITANO WAY LAKE WORTH FL 33467</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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* *4/28/03*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0424502  
AV

CR2E034 (10/02)

Attachment # 5/3/03

To whom it may concern, 80115218  
195000028706

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  
of