

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jun 04, 2001 8:00 am
Secretary of State

06-04-2001 90005 038 ***150.00

DOCUMENT # 799000051541

1. Entity Name:

SMART Choice Lamp & ACCESSORIES, INTERIORS, INC.

Principal Place of Business

Mailing Address

3011 YAMATO RD A-16
BOCA RATON FL
33434

PO Box 9459
Coral Springs FL
33075

2. Principal Place of Business

3. Mailing Address

Palm Beach County

Suite, Apt. #, etc.

3011 YAMATO RD A-16

PO Box 9459

BOCA RATON FL

Coral Springs FL

Zip
33434

Country
Palm Beach

Zip
33075

Country
Broward

4. FEI Number

65-0531737

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

C0070863

6. Name and Address of Current Registered Agent

William J Kane
4465 Coral Hills Dr
Coral Springs FL 33065

7. Name and Address of New Registered Agent

Name

Angelica O Kane

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

4465 Coral Hills Dr

City

Coral Springs

FL

Zip Code

33065

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 **Angelica O Kane**

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!

After MAY 1, 2001

FEE IS \$150.00

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

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	ANGELICA O KANE	
STREET ADDRESS	4465 Coral Hills Dr	
CITY-ST-ZIP	Coral Springs FL 33065	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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
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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 the 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Angelica O Kane

ANGELICA O KANE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-01

Date

Daytime Phone #

CR2E034 (11/00)