## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

## DOCUMENT # 749421

1. Entity Name



**FILED** Apr 07, 2003 8:00 am Secretary of State 04-07-2003 91052 010 \*\*\*\*61.25

LIGHTHU	ouse shor	es managemen	T CORPORATION	(			0, 0, <b>2</b> 002	91032 010	01.23	
Principal Place of Business 4745 S ATLANTIC AVENUE PONCE INLET FL 32127			Mailing Address 4745 S ATLANTIC AVENUE PONCE INLET FL 32127	<b>L</b>						
2. Principal f	Place of Busines	es	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			_				
Guile, Api. #, etc.						CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Number 59-2028690		-	Applied For  Not Applicable	
Zip		Country	Zip	Count	гу	5. Certificate of	f Status Desired	□ \$8.75 Fee Re	Additional quired	
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent					
AIFOF:					Name		- 4	_		
NEBEL, H F 4745 S ATLANTIC AVE					Street Address (P.O. Box Number is Not Acceptable)					
#206	INI ET EL 2014	0 <b>7</b>								İ
PONCE INLET FL 32127					City				Code	
8. The above the obligat	e named entity s ations of registers	ubmits this statement fo	or the purpose of changing its	registered	office or registe	red agent, or both,	in the State of Florid	la. I am familiar v	with, and ac	cept
	21	200	1.8				<b>L</b> /	1/2 10	D	
SIGNATURE		4 / pr					ئ،	13-10	<u> </u>	_ [
	Signature, typed or p	printed name of registered agent	and title if applicable. (NOTE:	: Registered A	gent signature required	when reinstating)		DATE		
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			Flaction Cam	noign Eine	encina	<b>AF 00</b>	Males	Cheek Dave	bio to	
	FILE NOW:	FEE IS \$61.25	9. Election Cam Trust Fund Co	. •	· -	\$5.00 May Be Added to Fees		Check Paya Department		
A	FILE NOW:	,	Trust Fund Co	ontribution		Added to Fees	Florida	Department	of State	
	FILE NOW:	FEE IS \$61.25  OFFICERS AND DII	Trust Fund Co	ontribution 11.		Added to Fees		Department	of State	idition (Z
/ <u>à</u> 10.	PD ROMANO, P	OFFICERS AND DI	Trust Fund Co	ontribution		Added to Fees	Florida	Department	of State	10/05)
10 TITLE NAME * STREET ADDRESS	PD ROMANO, P 4745 S ATL	OFFICERS AND DII PATRICIA P ANTIC AVE #706	Trust Fund Co	11. TITLE NAME STREET	ADDRESS	Added to Fees	Florida	Department	of State	uojipp
10 TITLE NAME  STREET ADDRESS CITY-ST-ZIP	PD ROMANO, P 4745 S ATL PONCE INLE	OFFICERS AND DII PATRICIA P ANTIC AVE #706	Trust Fund Co	11. TITLE NAME STREET / CITY-ST	ADDRESS -ZIP	Added to Fees  ADDITIONS/CHAP	Florida NGES TO OFFICERS	Department  AND DIRECTOR  Char	of State RS IN 10 nge □ Ad	voilipp PE037 (10/02)
10 TITLE NAME  STREET ADDRESS CITY-ST-ZIP TITLE	PD ROMANO, P 4745 S ATL PONCE INLI	OFFICERS AND DII PATRICIA P ANTIC AVE #706 ET FL	Trust Fund Co	11. TITLE NAME STREET A CITY-ST	ADDRESS -ZIP	Added to Fees  ADDITIONS/CHAP	Florida NGES TO OFFICERS	Department  AND DIRECTOR  Char	of State RS IN 10 nge □ Ad	ZE037 (10/
10 TITLE NAME  STREET ADDRESS CITY-ST-ZIP TITLE NAME	PD ROMANO, P 4745 S ATL PONCE INLE VPD JOYNER, HA	OFFICERS AND DII PATRICIA P ANTIC AVE #706 ET FL AROLD	Trust Fund Co	11. TITLE NAME STREET A CITY-ST	ADDRESS -ZIP	Added to Fees  ADDITIONS/CHAP	Florida NGES TO OFFICERS	Department  AND DIRECTOR  Char	of State RS IN 10 nge □ Ad	voitipp CR2E037 (10/02)
10 TITLE NAME  STREET ADDRESS CITY-ST-ZIP TITLE	PD ROMANO, P 4745 S ATL PONCE INLI VPD JOYNER, HA 4745 S ATL	OFFICERS AND DII PATRICIA P ANTIC AVE #706 ET FL AROLD ANTIC AVE 604	Trust Fund Co	11. TITLE NAME STREET A CITY-ST	ADDRESS -ZIP	Added to Fees  ADDITIONS/CHAP	Florida NGES TO OFFICERS	Department  AND DIRECTOR  Char	of State RS IN 10 nge □ Ad	voitipp CR2E037 (10/02)
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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 617, 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.

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE:** 

STREET ADDRESS

CITY-ST-ZIP

4/2/03