

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90095 032 \*\*\*150.00

**DOCUMENT # F94279**

**1. Entity Name**  
**LIGHTHOUSE POINT YACHT SERVICE AND SUPPLIES INC.**



**Principal Place of Business**  
2640 N.E. 23RD COURT  
POMPANO BCH FL 33062

**Mailing Address**  
2640 N.E. 23RD COURT  
POMPANO BCH FL 33062

**2. Principal Place of Business**  
**3050 Sherwood BLVD.**  
Suite, Apt. #, etc.

**3. Mailing Address**  
**3050 Sherwood BLVD**  
Suite, Apt. #, etc.

**City & State**  
**DELRAY BEACH, FLORIDA**

**City & State**  
**DELRAY BEACH, FLORIDA**

**Zip**  
**33445**

**Country**  
**USA**

**Zip**  
**33445**

**Country**  
**USA**



☒ CHECK HERE IF MAKING CHANGES

**4. FEI Number** **59-2233457**

**Applied For**  
**Not Applicable**

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

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

**GRAINER, CARYN S.**  
**600 SW 4TH AVE**  
**FT. LAUDERDALE FL 33315**

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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** ☐ **\$5.00 May Be Added to Fees**  
**Trust Fund Contribution.**

**10. OFFICERS AND DIRECTORS**

<b>TITLE</b>	<b>PD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SWARD, DAVID GORDON</b>	
<b>STREET ADDRESS</b>	<b>2640 NE 23 CT.</b>	
<b>CITY-ST-ZIP</b>	<b>LIGHTHOUSE PT, FL 00000</b>	
<b>TITLE</b>	<b>STD</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>SWARD, ROBIN LYNN</b>	
<b>STREET ADDRESS</b>	<b>2640 NE 23 CT.</b>	
<b>CITY-ST-ZIP</b>	<b>LIGHTHOUSE PT, FL 00000</b>	
<b>TITLE</b>	<b>SWARD, MICHAEL DAVID</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>3050 Sherwood BLVD</b>	
<b>STREET ADDRESS</b>	<b>DELRAY BEACH, FLORIDA 33445</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>NAME</b>	<b>SWARD, MICHAEL DAVID</b>	
<b>STREET ADDRESS</b>	<b>3050 Sherwood BLVD</b>	
<b>CITY-ST-ZIP</b>	<b>DELRAY BEACH, FLORIDA 33445</b>	
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:** SIGNATURE REQUIRED 4/7/03 561-637-2797  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** **Daytime Phone #**

CR2E034 (10/02)