

FILED  
Jun 06, 2000 8:00 am  
Secretary of State

04-28-2000 90072 040 \*\*\*150.00

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00255  
Entity Name LIGHTHOUSE GRILL INC

Principal Place of Business  
Mailing Address  
~~S MARI LANE~~  
LAKEWOOD, N.Y. 14750  
P.O. BOX 86072  
MADEIRA BEACH, FLA 33750

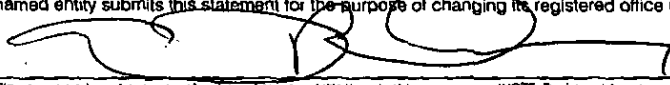
Principal Place of Business  
3. Mailing Address  
S MARI LANE  
Suite, Apt. #, etc.

City & State  
LAKEWOOD, N.Y.  
City & State  
LAKEWOOD, N.Y.  
Zip  
4750  
Country  
CHATAUGUA  
Zip  
14750  
Country  
CHATAUGUA

4. FEI Number  
59-2957869  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
~~PHILIP J. GIACONE SR~~  
P.O. BOX 86072  
MADEIRA BEACH FLA 33738  
DECEASED

7. Name and Address of New Registered Agent  
Name  
CHARLES R. SILVERS, ESQ.  
Street Address (P.O. Box Number is Not Acceptable)  
25-56th Street South  
City  
St. Petersburg FL  
Zip Code  
33707

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  
 CHARLES R. SILVERS 5/22/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

FILE NOW!!! FEE IS \$150.00  
After MAY 15, 2000 Fee will be \$350.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
E AE EET ADDRESS F-ST-ZIP	PRESIDENT PHILIP J. GIACONE SR P.O. BOX 86072 MADEIRA BEACH, FLA 33738 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT PHILIP J. GIACONE JR. 5 MARI LANE LAKEWOOD, N.Y. 14750 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
E AE EET ADDRESS F-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY CATHERINE G. BARBER 15 WERNER AVE DELMAR, N.Y. 12054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
E AE EET ADDRESS F-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E AE EET ADDRESS F-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E AE EET ADDRESS F-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE:  President 4-20-2000 716-763-2080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR20034 (9/99)