2002 UNIFORM BUSINESS REPORT (UBR)

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Feb 04, 2002 8:00 am DOCUMENT # L00255 **Secretary of State** 1. Entity Name 02-04-2002 90025 044 ***150.00 LIGHTHOUSE GRILL, INC. Mailing Address Principal Place of Business 5 MARI LANE 5 MARL LANE LAKEWOOD NY 14750 LAKEWOOD NY 14750 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2957869 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SILVERS, CHARLES P. Street Address (P.O. Box Number is Not Acceptable) 25-50 STREET SOUTH SAINT PETERSBURG FL 33707 Zio Code City 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 DATE ed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Addition Change ☐ Delete TITLE TITLE NAME GIACONE, PHIL NAME STREET ADDRESS STREET ADDRESS 5 MARI LANE CITY-ST-ZIP CITY-ST-ZIP LAKEWOOD NY 14750 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME BARBER, CATHERINE G STREET ADDRESS STREET ADDRESS 15 WERNER AVENUE CITY-ST-ZIP CITY-ST-ZIP DELMAR NY 12054 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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