

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 10, 2003 8:00 am**  
**Secretary of State**

04-10-2003 90161 015 \*\*\*150.00

**DOCUMENT # P02000040371**



1. Entity Name  
**LIGHTHOUSE PROPERTIES OF AMERICA, INC.**

Principal Place of Business  
**975 CITRUS WOOD COURT  
LONGWOOD FL 32750**

Mailing Address  
**975 CITRUS WOOD COURT  
LONGWOOD FL 32750**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
**378 Center Pointe Circle suite #1270**

Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
**Altamonte Springs, Florida**

City & State

4. FEI Number  
**75-3044690**

Applied For  
 Not Applicable

Zip  
**32701**

Country  
**USA**

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DI CARLANTONIO, FERNANDA  
1200 SOUTH OCEAN BLVD  
SUITE C10  
BOCA RATON FL 33432**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DI CARLANTONIO, FERNANDA</b>	
STREET ADDRESS	<b>1200 SOUTH OCEAN BLVD. SUITE C10</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>DI CARLANTONIO, FERNANDA</b>	
STREET ADDRESS	<b>1200 SOUTH OCEAN BLVD SUITE C10</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33432</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DI CARLANTONIO, ERNESTO</b>	
STREET ADDRESS	<b>975 CITRUS WOOD COURT</b>	
CITY-ST-ZIP	<b>LONGWOOD FL 32750</b>	
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Ernesto Di Carlantonio* **ERNESTO DI CARLANTONIO** 4/8/03 407-332-4777  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)