


**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90046 017 \*\*\*150.00

DOCUMENT # P03000092015

1. Entity Name  
LIGHTHOUSE PROPERTY INSPECTION SERVICES, INC.



**DO NOT WRITE IN THIS SPACE**

**94028634**

2. Principal Place of Business  
8216 CONSTANCE DR.  
Suite, Apt. #, etc.

3. Mailing Address  
8216 CONSTANCE DR.  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
SARASOTA FL

City & State  
SARASOTA FL

4. FEI Number  
68-0564879

Applied For  
 Not Applicable

Zip  
34243

Country  
MANATEE

Zip  
34243

Country  
MANATEE

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
JAMES UNGAR

Street Address (P.O. Box Number is Not Acceptable)  
8216 CONSTANCE DR

City  
SARASOTA **FL** Zip Code  
34243

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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			
TITLE <u>PRESIDENT</u>	NAME <u>JAMES W. UNGAR</u>	TITLE	NAME
STREET ADDRESS <u>8216 CONSTANCE DR.</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>SARASOTA, FL 34243</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <u>VICE-PRESIDENT</u>	NAME <u>DENISE ACUAZZO</u>	TITLE	NAME
STREET ADDRESS <u>8216 CONSTANCE DR</u>	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP <u>SARASOTA, FL 34243</u>	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES W. UNGAR 3/8/04 941-504-9381

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)