

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000005421

1. Entity Name
LIGHTHOUSE REALTY OF BREVARD, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90080 021 ***150.00

Principal Place of Business 2870 NE KIRBY AVE. #5 PALM BAY FL 32905 US	Mailing Address 2870 NE KIRBY AVE. #5 PALM BAY FL 32901-4728 US
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2. Principal Place of Business 812 Palmetto Ave Suite, Apt. #, etc.	3. Mailing Address 812 Palmetto Ave Suite, Apt. #, etc.
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City & State Melbourne, FL	City & State Melbourne, FL	4. FEI Number 59-3219710	Applied For Not Applicable
Zip 32901	Country US	Zip 32901	Country US



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent GAUDETTE, LORILYN 2870 NE KIRBY AVENUE SUITE 5 PALM BAY FL 32905		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 812 Palmetto Ave City Melbourne FL Zip Code 32901	
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. 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 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCELWAIN, DEBORAH 2870 NE KIRBY AVENUE #5 PALM BAY FL <i>812 Palmetto Ave Melbourne, FL 32901</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Deborah McElwain* 3/10/00 321-952-1991
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)