

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90326 019 ***150.00

DOCUMENT # P94000032424

1. Entity Name
LIGHTHOUSE INVESTMENTS OF NORTH FLORIDA, INC.

Principal Place of Business
1279 KINGSLEY AVE
109
ORANGE PARK FL 32073
US

Mailing Address
6218 ARTUDO LANE
JACKSONVILLE FL 32244



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5640 Timuquana Rd

Suite, Apt. #, etc.
Suite 5

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

City & State
Jacksonville, FL.

Zip
32210

Country
DUVAL

City & State
 Zip
 Country

4. FEI Number **59-3249980**

Applied For
 Not Applicable

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

BRYAN, D. THOMAS JR
6218 ARTUDO LANE
JACKSONVILLE FL 32244

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.

SIGNATURE *D Thomas Bryan, Jr* *D. THOMAS BRYAN, JR* *PRESIDENT*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE *4-25-01*

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, 2001 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	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	PSTD						
	BRYAN, D. THOMAS JR	6218 ARTUDO LANE	JACKSONVILLE FL 32244				
	V						
	BRYAN, PHYLLIS P	6218 ARTUDO LN	JACKSONVILLE FL 32244				

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: *D Thomas Bryan, Jr* *D. THOMAS BRYAN, JR* *PRESIDENT*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date *4/25/01* Daytime Phone # *9043380012*

CR2E034 (10/00)