

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90041 017 ***150.00

DOCUMENT # P97000035912

1. Entity Name

LIGHTHOUSE POINT MARINA, INC.

Principal Place of Business

2830 NE 29TH AVE
 LIGHTHOUSE POINT FL 33064

Mailing Address

2830 NE 29TH AVE
 LIGHTHOUSE POINT FL 33064

2. Principal Place of Business

2831 MARINA Circle
 Suite, Apt. #, etc.
 Lighthouse Point, FL
 City & State

3. Mailing Address

2831 Marina Circle
 Suite, Apt. #, etc.
 Lighthouse Point, FL
 City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0755519

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

Zip
 33064

Country
 USA

Zip
 33064

Country
 USA

6. Name and Address of Current Registered Agent

SMITH, DENNIS D
 TRIPP, SCOTT, CONKLIN & SMITH
 110 SE 6TH ST., 15TH FLOOR
 FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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	D	<input type="checkbox"/> Delete
NAME	EDWARDS, DEBBIE	
STREET ADDRESS	2830 NE 29TH AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	CANADA, MAUREEN	
STREET ADDRESS	2830 NE 29TH AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPIEKER, CHRISTIAN	
STREET ADDRESS	2830 NE 29TH AVE	
CITY-ST-ZIP	LIGHTHOUSE POINT FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2831 Marina Circle	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Maureen Canada Pres*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/23/01
 Daytime Phone #: 954 941 0227

CR2E034 (10/00)