

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2000 8:00 am**  
**Secretary of State**

04-22-2000 90112 042 \*\*\*150.00

**DOCUMENT # P98000040593**

1. Entity Name  
**LIGHTHOUSE INVESTMENTS OF VOLUSIA COUNTY, INC.**

Principal Place of Business Mailing Address

660 U.S. 1 OAK HILL FL 32759  
 360 U.S. 1 OAK HILL FL 32759

2. Principal Place of Business 3. Mailing Address  
**348 N US 1 348 N US 1**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State **Oak Hill FL** City & State **Oak Hill FL** 4. FEI Number **59-3557597** Applied For  
 Not Applicable  
 Zip **32759** Country Zip **32759** 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  
**HUKILL, DOROTHY L P.A.** Name **Kimberly Dowda**  
**1620 S. CLYDE MORRIS BLVD., STE. 110** Street Address (P.O. Box Number is Not Acceptable)  
**DAYTONA BEACH FL 32119** **348 N US 1**  
 City **Oak Hill** FL Zip Code **32759**

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]* 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, 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	<b>D</b> <b>DOWDA, KIMBERLY JANE</b> <b>360 U.S. 1</b> <b>OAK HILL FL 32759</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Dowda Kimberly J</b> <b>348 N. US. 1</b> <b>OAK Hill FL 32759</b>
	<input type="checkbox"/> Delete		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)