

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 18, 2003 8:00 am**  
**Secretary of State**

04-18-2003 90237 033 \*\*\*150.00

0186938  
AV

**DOCUMENT # P99000043721**

1. Entity Name  
**LIGHTHOUSE INN DEVELOPMENT CORPORATION**



Principal Place of Business  
~~3208 N.E. 11TH STREET  
POMPANO BEACH FL 33062~~

Mailing Address  
~~3208 N.E. 11TH STREET  
POMPANO BEACH FL 33062~~



2. Principal Place of Business  
**3305 S.E. 5th. ST.**

3. Mailing Address  
**3305 S.E. 5th. ST.**

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach, FL.**

City & State  
**Pompano Beach, FL.**

Zip  
**33062**

Country  
**USA**

Zip  
**33062**

Country  
**USA**

4. FEI Number **65-1153820**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

~~DEFEIS, DOUGLAS  
3208 N.E. 11TH STREET  
POMPANO BEACH FL 33062~~

*New Address* →

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**3305 S.E. 5th. St.**

City **Pompano Beach** **FL** Zip Code **33062**

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>DEFEIS, DOUGLAS</b>	
STREET ADDRESS	<b>2228 N.E. 26TH ST.</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33064</b>	
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 type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: *Douglas DeFeis* **SIGNATURE REQUIRED** 4/11/03 954-943-6318

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

CR2E034 (10/02)