2001 UNIFORM BUSINESS REPORT (UBR)

Mar 08, 2001 8:00 am Secretary of State **DOCUMENT # 248027** 1. Entity Name LIGHTHOUSE APTS. INC. 03-08-2001 90088 012 ***150.00 Mailing Address Principal Place of Business 3850 N. E. 21ST AVENUE 3850 N. E. 21ST AVENUE LIGHTHOUSE POINT FL 33064 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1086636 Not Applicable \$8.75-Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HIBBS, HARRY T JR. Street Address (P.O. Box Number is Not Acceptable) 3850 NE 21ST AVENUE APARTMENT 3 LIGHTHOUSE POINT FL 33064 Zip Code City FL 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 it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **⊠** Addition Delete ☐ Change TITLE \Box TITLE TINARI RONALD DEDE, ALBERT NAME NAME 3850 NE 215T, AUE . STREET ADDRESS 3850 NE 21ST AVENUE STREET ADDRESS LIGHTHOUSE POINT FL CITY-ST-ZIP LIGHTHOUSE POINT, FL CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE RUTH R. HIBBS NAME NAME STREET ADDRESS STREET ADDRESS 3850 N.E. 21ST AVENUE CITY-ST-ZIP_ CITY_ST_ZIP____ LIGHTHOUSE POINT FL ☐ Addition ☐ Change TITLE PD ☐ Delete TITLE HIBBS, HARRY NAME NAME STREET ADDRESS STREET ADDRESS 3850 N.E. 21ST AVENUE CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL ☐ Change ☐ Addition Delete TITLE TITLE NAME CRAWFORD, ANNE STREET ADDRESS STREET ADDRESS 3850 N.E. 21ST AVE CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL Change ☐ Addition ☐ Delete TITLE TITLE DEDE, RUTH NAME STREET ADDRESS STREET ADDRESS 3850 NE 21ST AVE CITY-ST-ZIP CITY-ST-7IP LIGHTHOUSE POINT FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALBERT DEDE

954-184-1809

FILED

Daytim 3 Phone #