

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F94000006491**1. Entity Name  
**LIGHTHOUSE VENTURES, INC.****FILED****Mar 19, 2001 8:00 am**  
**Secretary of State**

03-19-2001 90443 006 \*\*\*150.00

Principal Place of Business

**10806 ENSIGN CT.  
HOBE SOUND FL 33475-0609**

Mailing Address

**P. O. BOX 609  
HOBE SOUND FL 33475-0609  
US**

2. Principal Place of Business

**19980 Scrimshaw Way**  
Suite, Apt. #, etc.

3. Mailing Address

**19980 Scrimshaw Way**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

**Tequesta FL**

City &amp; State

**Tequesta FL**4. FEI Number **11-2979555**

Applied For

Not Applicable

Zip **33469** Country **W. Palm**Zip **33469** Country **W. Palm**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

**RELYEA, RICHARD G  
10806 ENSIGN COURT  
HOBE SOUND FL 33475-0609**Name **Richard Relyea**  
Street Address (P.O. Box Number is Not Acceptable)  
**19980 Scrimshaw Way**  
City **Tequesta FL** Zip Code **33469**

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

**Richard G. Relyea****3-9-01**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
<input type="checkbox"/> Delete	<b>P</b>	<b>RELYEA, RICHARD G</b>	<b>10806 ENSIGN CT. HOBE SOUND FL 33475-0609</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>as stated above</b>		
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)