

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State

04-24-2003 90228 028 ***150.00

0630501 AT

DOCUMENT # H14641

1. Entity Name
LIGHTHOUSE UTILITIES COMPANY



Principal Place of Business
**2010 HIGHWAY C-30
PORT ST. JOE FL 32456
US**

Mailing Address
**PO BOX 428
PORT ST. JOE FL 32456
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2453703**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RISH, WILLIAM J.
303 4TH ST.
PORT ST. JOE FL 32456**

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. I am familiar with, and accept the obligations of registered agent.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	RISH, CAROL T	
STREET ADDRESS	2002 CONSTITUTION DRIVE	
CITY-ST-ZIP	PORT SAINT JOE FL 32456	
TITLE	D	<input type="checkbox"/> Delete
NAME	BODE, CATHY	
STREET ADDRESS	4475 PINEHOLLOW CT	
CITY-ST-ZIP	ALPHARETTA GA 30202	
TITLE	D	<input type="checkbox"/> Delete
NAME	RISH, JR WILLIAM J	
STREET ADDRESS	2010 MONUMENT AVE	
CITY-ST-ZIP	PORT ST JOE FL 32456	
TITLE	VD	<input type="checkbox"/> Delete
NAME	FLOWERS, LANGDON S III	
STREET ADDRESS	806 N DAWSON	
CITY-ST-ZIP	THOMASVILLE GA	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, ELIZABETH	
STREET ADDRESS	ROUTE 3, BOX 167	
CITY-ST-ZIP	PORT ST. JOE FL	
TITLE		<input type="checkbox"/> Delete
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
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)