

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000003471

1. Entity Name

LIGHTHOUSE MORTGAGE COMPANY, LLC

FILED
Aug 28, 2002 8:00 am
Secretary of State

08-28-2002 90035 031 ****50.00

Principal Place of Business

Mailing Address

5777 BENEVA ROAD SOUTH,
 SARASOTA FL 34233

5777 BENEVA ROAD SOUTH
 SARASOTA FL 34233

2840 PROCTOR ROAD
 SARASOTA, FL 34231

*addition
 for
 Registered
 Agent*

010310



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2840 Proctor Rd.

2840 Proctor Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

City & State

SARASOTA, FL

4. FEI Number

65-1088528

Applied For

Not Applicable

Zip

Country

34231

SARASOTA

Zip

Country

34231

SARASOTA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREWETT, DANIEL L
 5777 BENEVA ROAD SOUTH
 SARASOTA FL 34233

Name

SAME

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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
 NAME LOGAN, MIMI
 STREET ADDRESS 4615 REDBAY WAY
 CITY-ST-ZIP SARASOTA FL 34241

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

8/1/02

Date

941-321-0098

Daytime Phone #

CR2E083 (4/02)