

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N01000007633

FILED
Sep 10, 2003
Secretary of State

Entity Name: LIGHTED STAIRWAY, INC.

Current Principal Place of Business:

15123 NORTHWEST 7TH COURT
PEMBROKE PINES, FL 33028

New Principal Place of Business:

POBOX 260552
PEMBROKE PINES, FL 33026

Current Mailing Address:

POST OFFICE BOX 607802
ORLANDO, FL 328607802 US

New Mailing Address:

FEI Number: 65-1148887

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAVENDE, DON
Address: 15123 NORTHWEST 7TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: SVD () Delete
Name: LAVENDE, JAN L
Address: 15123 NORTHWEST 7TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

Title: TDD () Delete
Name: CKEMENTS, SUSANNA
Address: 15123 NORTHWEST 7TH COURT
City-St-Zip: PEMBROKE PINES, FL 33028

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAVENDE, DON
Address: POBOX 260552
City-St-Zip: PEMBROKE PINES, FL 33026

Title: SVD (X) Change () Addition
Name: LAVENDE, JAN L
Address: POBOX 260552
City-St-Zip: PEMBROKE PINES, FL 33026

Title: TDD (X) Change () Addition
Name: CKEMENTS, SUSANNA
Address: POBOX260552
City-St-Zip: PEMBROKE PINES, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON LAVENDE

PD

09/10/2003

Electronic Signature of Signing Officer or Director

Date