

2001 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 18, 2001 8:00 am
Secretary of State

04-19-2001 90014 007 ****61.25
 05-18-2001 91572 029 ****88.75

DOCUMENT # P00000043237

1. Entity Name

LIGHTHOUSE ESTRATEGIES, INC.

Principal Place of Business

8677 VESTA TERR
 ORLANDO FL 32825

Mailing Address

8677 VESTA TERR
 ORLANDO FL 32825

2. Principal Place of Business

13001 Founders Square
 Suite, Apt. #, etc.

3. Mailing Address

3912 Blazing Star Dr.
 Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

59-3643508

Applied For

Not Applicable

Zip

32828

Country

USA

Zip

32828

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLIVARDIA, DAWN M
 8677 VESTA TERR 3912 Blazing Star Dr
 ORLANDO FL 32825-32828

7. Name and Address of New Registered Agent

Name

N/A

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.

SIGNATURE

Dawn M. Olivardia

4/13/01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	OLIVARDIA, CARLOS	
STREET ADDRESS	8677 VESTA TERR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE	STD	<input type="checkbox"/> Delete
NAME	OLIVARDIA, DAWN M	
STREET ADDRESS	8677 VESTA TERR	
CITY-ST-ZIP	ORLANDO FL 32825	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3912 Blazing Star Dr	
CITY-ST-ZIP	Orlando FL 32828	
TITLE	SAME	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3912 Blazing Star Dr	
CITY-ST-ZIP	Orlando FL 32828	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Dawn M. Olivardia

4/13/01

407 244-7167

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)