

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074440

1. Entity Name  
Lighthouse Marine Construction, Inc.Principal Place of Business  
2840 PROCTOR ROAD  
SARASOTA, FL 34231Mailing Address  
2840 PROCTOR ROAD  
SARASOTA, FL 34231

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

5. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PREWETT, DANIEL L  
6777 BENEVA ROAD SOUTH  
SARASOTA, FL 34233

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 of officer or director of registered agent and with a valid certificate

(NOTE: Registered Agent's Signature Required with this statement)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$50.00

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

|                |                      |                                 |
|----------------|----------------------|---------------------------------|
| TITLE          | DPT                  | <input type="checkbox"/> Delete |
| NAME           | GEORGE, ELIZABETH    |                                 |
| STREET ADDRESS | 4942 THREE OAKS BLVD |                                 |
| CITY-ST-ZIP    | SARASOTA, FL 34233   |                                 |

|                |                    |                                            |
|----------------|--------------------|--------------------------------------------|
| TITLE          | DVS                | <input checked="" type="checkbox"/> Delete |
| NAME           | HAVELL, KRISTINE   |                                            |
| STREET ADDRESS | 3933 MAUI WAY      |                                            |
| CITY-ST-ZIP    | SARASOTA, FL 34241 |                                            |

|                |  |                                 |
|----------------|--|---------------------------------|
| 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    |  |                                 |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |                              |                                                                              |
|----------------|------------------------------|------------------------------------------------------------------------------|
| TITLE          | D/S                          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                              |                                                                              |
| STREET ADDRESS | 100019746161                 |                                                                              |
| CITY-ST-ZIP    | 05/22/03--01080--020 **61.25 |                                                                              |

|                |                    |                                                                              |
|----------------|--------------------|------------------------------------------------------------------------------|
| TITLE          | D/P                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Logan, Mimi N.     |                                                                              |
| STREET ADDRESS | 4615 Red Bay Way   |                                                                              |
| CITY-ST-ZIP    | Sarasota, FL 34241 |                                                                              |

|                |                        |                                                                              |
|----------------|------------------------|------------------------------------------------------------------------------|
| TITLE          | D/H                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Prewett, Daniel L.     |                                                                              |
| STREET ADDRESS | 5777 Beneva Road South |                                                                              |
| CITY-ST-ZIP    | Sarasota, FL 34233     |                                                                              |

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| 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    |  |                                                                   |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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, and all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Prewett, Treas. 5-21-03 (941)923-0964

Date

Corporate Phone

FILED  
03 MAY 21 PM 12:49  
SEBASTIAN COUNTY STATE  
TALLAHASSEE, FLORIDA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-1030126 Applied For Not Applicable

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

03/23/04 (10/02)