

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90076 034 ***150.00

DOCUMENT # P01000056258

1. Entity Name
LIGHTHOUSE ELECTRIC ENTERPRISES, INC.



Principal Place of Business
**2711 MAINE AVE
EATON PARK FL 33840**

Mailing Address
**PO BOX 2406
EATON PARK FL 33840-2406**

2. Principal Place of Business
2222 S. Conlee Rd.

3. Mailing Address

Suite, Apt. #, etc.
9

Suite, Apt. #, etc.

City & State
Lkld FL

City & State

Zip
33801

Country

Zip

Country

4. FEI Number
59-3723853

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WILLIAMS, ALBERT R
2711 MAINE AVE
EATON PARK FL 33840**

7. Name and Address of New Registered Agent

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	P	<input type="checkbox"/> Delete
NAME	WILLIMAS, ALBERT	
STREET ADDRESS	2711 MAINE AVE	
CITY-ST-ZIP	EATON PARK FL 33840	
TITLE	S	<input type="checkbox"/> Delete
NAME	WILLIAMS, LEA	
STREET ADDRESS	2711 MAINE AVE	
CITY-ST-ZIP	EATON PARK FL 33810	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ESTRIDGE, WILLIE	
STREET ADDRESS	3820 TIMERLAKE RD E	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

Lea Williams REKA Williams
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/03
Date

863 666 2224
Daytime Phone #

CR2E034 (10/02)