## **2003 FOR PROFIT CORPORATION**

## **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** PO1000060454

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)								FILED Apr 07, 2003 8:00 am Secretary of State			
DOCUMENT # P0100069454  1. Entity Name LIGHTHOUSE POINT NEWS, INC.							Secretary of State 04-07-2003 90888 001 *1,350.00				
Principal Place of Business 2349 NE 30TH CT LIGHTHOUSE POINT FL 33064				Mailing Address 2349 NE 30TH CT LIGHTHOUSE POINT FL 33064							
2. Principal P	lace of Busin	ess	<b>3.</b> Mai	ling Address						11111 11111	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State			<del>,, , , , </del>	4. FEI Number 65-1121597 Applied Fo Not Applie		pplied For		
Zip Country			Zip		Coun	Country		Certificate of Status Desired	\$8.75 Ac	iditional	
	6. Name	and Address of Curren	Registere	ed Agent			7. N	ame and Address of New Register	ed Agent		
TURNER, LAWRENCE O JR 2349 NE 30TH CT LIGHTHOUSE POINT FL 33064						Name Street Address	(P.O. Bo	ox Number is Not Acceptable)			
LIGHTIO		. 2 00001				City		•	Zip Co	de	
	tions of regist					ed office or registe		ent, or both, in the State of Florida. I		, and accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State				te				9. Election Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees	
10.	T	OFFICERS AND	DIRECTO		11.	·	ADI	DITIONS/CHANGES TO OFFICERS			<u>~</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Delete TURNER, LAWRENCE O JR 2349 NE 30TH CT LIGHTHOUSE POINT FL 33064				•				☐ Change	Addition	E034 /10/05
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TITLE				☐ Delete	TITLE				Change	☐ Addition	

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.

TITLE

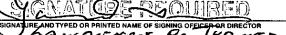
NAME

STREET ADDRESS

NAME

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CITY-ST-ZIP



Delete

Change

☐ Addition