

DOCUMENT # P01000074126

1. Entity Name  
SB LIGHTHOUSE GROUP, INC.

FILED

02 JUL 18 PM 2:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 11891 U.S. HIGHWAY ONE SUITE 201 NORTH PALM BEACH FL 33408		Mailing Address 11891 U.S. HIGHWAY ONE SUITE 201 NORTH PALM BEACH FL 33408	
2. Principal Place of Business 11891 U.S. Highway One Suite, Apt. #, etc. Suite 201 City & State North Palm Beach, FL Zip 33408		3. Mailing Address 11891 U.S. Highway One Suite, Apt. #, etc. Suite 201 City & State North Palm Beach, FL Zip 33408	
Country United State		Country United States	
4. FEI Number 65-1140892		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CROUGHAN, JEAN M 11891 U.S. HIGHWAY ONE SUITE 201 NORTH PALM BEACH FL 33408		7. Name and Address of New Registered Agent Name James D. Ryan, Esquire Street Address (P.O. Box Number is Not Acceptable) 11891 U.S. Highway One, Suite 201 City North Palm Beach FL Zip Code 33408	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-01

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00  
After May 1, 2002 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT BURKE, SEAN 91 AIRPORT ROAD #C HYANNIS MA 02601 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT RODOALPH, BRIAN 7 FIELD ISLAND POINT SOUTH SANDWICH MA 02563 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Treasurer) Brian RODOALPH 508-542-3222