## 0118379

CR2E034 (4/02)

**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 11, 2002 8:00 am Secretary of State **DOCUMENT#** P01000084854 1. Entity Name 08-11-2002 90168 025 \*\*\*158.75 SALEM LIGHTHOUSE, INC. Principal Place of Business Mailing Address 1840 SOUTHWEST 22ND STREET POST OFFICE BOX 530811 4TH FLOOR DEBARY FL 32753-0811 MIAMI FL 33145 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59 - 374 / 229 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI FL 33145 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. $\Box$ (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE ☐ Delete ☐ Change ☐ Addition NAME **GAUTHIER, RICHARD** NAME STREET ADDRESS 1840 SOUTHWEST 22ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33145 CITY-ST-ZIP TITLE VSTD ☐ Delete TITLE Change ☐ Addition NAME BONEFANT, ROBERT NAME STREET ADDRESS 1840 SOUTHWEST 22ND STREET STREET ADDRESS CITY-ST-ZIP MIAM! FL 33145 CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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), Fiorida 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MAY REQUIRED

☐ Delete

☐ Delete

☐ Change

☐ Addition

☐ Addition

Attachment po 972994854

Salem Lighthouse Corporation PO Box 530811 Debary, Florida 32753-0811 407-474-2751

August 7, 2002

MM bur

Division of Corporations Uniform Business Report Filings P.O. Box 1500 Tallahassee, Fl, 32302-1500

Enclosed is our first application for the Uniform Business Report.

I have spoke to Laura in your office and she motioned that the penalty fee will be waived because this is the first time we must apply for the Uniform Business Report.

Enclosed is a check for \$158.75 for the application and the Certificate of status.

Thank you very much for your consideration in this matter.

Best regards, Richard Gauthier, Salem Lighthouse Corporation.