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FILED 05-12-2002 90601 034 ***150.00
P01000119208

2002 UNIFORM BUSINESS REPORT (UBR)

02 JUL 29 AM 10:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

37716

DOCUMENT # P01000119208

1. Entity Name
LIGHTHOUSE LIMITED OF CENTRAL FLORIDA , INC.

Principal Place of Business	Mailing Address
720 S. HELEN AVE. DELAND FL 32720	720 S. HELEN AVE. DELAND FL 32720

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
421 SANTA MARIA WAY Suite, Apt. #, etc.	421 SANTA MARIA WAY Suite, Apt. #, etc.
City & State: LONGWOOD, FLORIDA	City & State: LONGWOOD, FLORIDA
Zip: 32750 Country:	Zip: 32750 Country:

4. FEI Number: 30-0002647 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COOK, LINNETTE A 1821 LANDING DR. APT. E SANFORD FL 32771	Name: MARIO SERRANO Street Address (P.O. Box Number is Not Acceptable): 421 SANTA MARIA WAY City: LONGWOOD FL Zip Code: 32750

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: See Attached
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	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	P PASQUALLE, D. LELANI 720 S. HELEN AVE. DELAND FL 32720	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COOK, LINNETTE A 1821 LANDING DR. APT. E SANFORD FL 32771	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST SERRANO, MARIO 421 SANTA MARIA WAY LONGWOOD FL 32750	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PSTD ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: _____ 4/24/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

5/12/2002-90601-034-$150.00-$150.00

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DO NOT WRITE IN THIS SPACE

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Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LONGWOOD, FLORIDA	City & State: LONGWOOD, FLORIDA
Zip: 32750 Country: SEMINOLE	Zip: 32750 Country: SEMINOLE

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COOK, LINNETTE A
1821 LANDING DR.
APT. E
SANFORD FL 32771

7. Name and Address of New Registered Agent

Name: MARIO SERRANO

Street Address (P.O. Box Number is Not Acceptable): 421 SANTA MARIA WAY

City: LONGWOOD FL Zip Code: 32750

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] 7/24/02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

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11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PASCUALLE, D. LEILANI 720 S. HELEN AVE. DELAND FL 32720	☒ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V COOK, LINNETTE A 1821 LANDING DR. APT. E SANFORD FL 32771	☒ Delete
TITLE	ST	☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DSTD	☐ Change ☐ Addition

CR2E034 (9/01)

Attachment 1