

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000033178

1. Entity Name  
LIGHTHOUSE CENTRAL CANOE & BAIT, INC.



**FILED**  
**Apr 11, 2003 8:00 am**  
**Secretary of State**

04-11-2003 90130 015 \*\*\*150.00

0049070 AV

Principal Place of Business  
7996 COASTAL HWY  
CRAWFORDVILLE FL 32327

Mailing Address  
7996 COASTAL HWY  
CRAWFORDVILLE FL 32327



2. Principal Place of Business  
7996 Coastal Hwy  
Suite, Apt. #, etc.

3. Mailing Address  
same  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
NewPort

City & State  
Crawfordville

Zip  
32327

Country  
Wakulla

Zip  
32327

Country  
Wakulla

4. FEI Number  
50-0003174

Applied For  
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FINCH, CATHERINE  
7996 COASTAL HWY  
CRAWFORDVILLE FL 32327

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

TITLE	D	<input type="checkbox"/> Delete
NAME	FINCH, CATHERINE	
STREET ADDRESS	7996 COASTAL HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE	D	<input type="checkbox"/> Delete
NAME	JORDAN, JIMMY A	
STREET ADDRESS	7996 COASTAL HWY	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Catherine Finch Catherine Finch 4-10-03 850-925-9904

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)