

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 07, 2000 8:00 a
Secretary of State

02-07-2000 90039 008 ***150.00

DOCUMENT # P94000008001

1. Entity Name

LIGHTHOUSE CONSULTING INC.

Principal Place of Business

Mailing Address

111 BRINY AVE
#2214
POMPANO BCH FL 33062

111 BRINY AVE
#2214
POMPANO BCH FL 33062-7032

B0013751

2. Principal Place of Business

3. Mailing Address

3410 GALT OCEAN DR

SAULE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

100IN

City & State

City & State

FT LAUDERDALE FL

Zip
33308

Country

Zip

Country

4. FEI Number 65-0464686

Applied
Not

5. Certificate of Status Desired

☐

\$8.75 Additions
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WILSON, JOHN H.
111 BRINY AVE
#2214
POMPANO BCH FL 33062

Name

Street Address (P.O. Box Number is Not Acceptable)

3410 GALT OCEAN DRIVE
100IN

City

FT LAUDERDALE

FL

Zip Code

33308

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

JUN 22, 2000

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00
Added to

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN

TITLE	PDVS	<input type="checkbox"/> Delete
NAME	WILSON, JOHN H	
STREET ADDRESS	477 WOODFIELD BLVD	3410 GALT OCEAN DR
CITY-ST-ZIP	BOCA RATON FL	FT LAUDERDALE FL 33308
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		

TITLE	CDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS	# 100IN	
CITY-ST-ZIP	FL 33308	
TITLE	PT	<input type="checkbox"/> Change
NAME	JANICE R. WILSON	
STREET ADDRESS	3410 GALT OCEAN DR. #100IN	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	<input type="checkbox"/> Change
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change
NAME		
STREET ADDRESS		
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), 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 12, 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

JUN 22, 2000

Date

Daytime Phone #

561 620 91