

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90292 028 ***150.00

02/4/0000

DOCUMENT # P94000008001

1. Entity Name
LIGHTHOUSE CONSULTING INC.

Principal Place of Business
3410 GALT OCEAN DR
1001N
FORT LAUDERDALE FL 33308

Mailing Address
3410 GALT OCEAN DR
1001N
FORT LAUDERDALE FL 33308

2. Principal Place of Business
3423 BEACON ST
Suite, Apt. #, etc.

3. Mailing Address
3423 BEACON ST
Suite, Apt. #, etc.

City & State
Pompano Beach FL

City & State
Pompano Beach FL

4. FEI Number 65-0464686

Applied For
Not Applicable

Zip 33062 Country US

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

6. Name and Address of Current Registered Agent

WILSON, JOHN H.
3410 GALT OCEAN DR
1001 N
FORT LAUDERDALE FL 33308

7. Name and Address of New Registered Agent

Name JOHN H. WILSON
Street Address 3423 BEACON ST
City Pompano Beach FL Zip Code 33062

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 _____

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, 2001 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

TITLE CDS
NAME WILSON, JOHN H
STREET ADDRESS 3410 GALT OCEAN DR # 1001 N
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE PT
NAME WILSON, JANICE R
STREET ADDRESS 3410 GALT OCEAN DR #1001 N
CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3423 BEACON ST
CITY-ST-ZIP Pompano Beach FL 33062

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 3423 BEACON ST
CITY-ST-ZIP Pompano Beach FL 33062

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

TITLE ☐ Change ☐ Addition
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 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

Date

Daytime Phone #

CR2E034 (10/00)