

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2003 8:00 am
Secretary of State

02-12-2003 90058 048 ***150.00

DOCUMENT # P94000030001



1. Entity Name
LIGHTHOUSE TAX SERVICE, INC.

Principal Place of Business
3170 NORTH FEDERAL HIGHWAY
SUITE 100 A
LIGHTHOUSE POINT FL 33064

Mailing Address
3170 NORTH FEDERAL HIGHWAY
SUITE 100 A
LIGHTHOUSE POINT FL 33064

JUUZJ100



2. Principal Place of Business
3170 N. Federal Hwy
Suite, Apt. #, etc.
Suite 103 E

3. Mailing Address
P.O. Box 5772
Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Lighthouse Point FL
Zip
33064
Country
USA

City & State
Lighthouse Point, FL
Zip
33074
Country
USA

4. FEI Number 65-0484443

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SMITH, ROBERT H
3170 NORTH FEDERAL HIGHWAY
SUITE ~~100A~~ 103 E
LIGHTHOUSE POINT FL 33064

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SMITH, DOUGLAS A 1650 BACKWOOD COURT HEBRON KY 41048	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT SMITH, ROBERTH. 3170 N. FEDERAL HWY#100 LIGHTHOUSE POINT FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Robert H. Smith 2/10/03 954-941-7671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)