2001 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P94000032424 1. Entity Name LIGHTHOUSE INVESTMENTS OF NORTH FLORIDA, INC. 04-30-2001 90326 019 ***150.00 Principal Place of Business Mailing Address 1279 KINGSLEY AVE 6218 ARTUDO LANE JACKSONVILLE FL 32244 **ORANGE PARK FL 32073** 2. Principal Place of Business 3. Mailing Address 5640 Timuquana Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3249980 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BRYAN, D. THOMAS JR Street Address (P.O. Box Number is Not Acceptable) 6218 ARTUDO LANE JACKSONVILLE FL 32244 Zip Code City 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Addition ☐ Change **PSTD** ☐ Delete TITLE TITLE NAME NAME BRYAN, D. THOMAS JR STREET ADDRESS STREET ADDRESS 6218 ARTUDO LANE CITY-ST-ZIP CiTY-ST-ZIP JACKSONVILLE FL_32244 Change ☐ Addition TOTALE Delete NAME BRYAN, PHYLLIS P NAME STREET ADDRESS STREET ADDRESS 6218 ARTUDO LN CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32244 Change □ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 OFFICE OR DIRECTO

THOMAS BRYAN, JR

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Daytime Phone #