

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P94000032424

1. Entity Name

LIGHTHOUSE INVESTMENTS OF NORTH FLORIDA, INC.

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90340 036 ***150.00

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2. Principal Place of Business

5640 Timuquana Rd.

Suite, Apt. #, etc.

Suite 5

City & State

Jacksonville, Fl

Zip

32210

Country

Duval

3. Mailing Address

6218 Artudo Ln.

Suite, Apt. #, etc.

City & State

Jacksonville, Fl.

Zip

32244

Country

Duval

4. FEI Number

5943249980

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

BRYAN, D. THOMAS JR.

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

6218 ARTUDO LN

City

JACKSONVILLE

FL

Zip Code

32244

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) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	PSTD BRYAN, D. THOMAS JR 6218 ARTUDO LANE JACKSONVILLE, FL 32244	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:  D. THOMAS BRYAN JR 4/30/2002 904 6070369
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #