

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 07, 2002 8:00 am
Secretary of State

02-07-2002 90177 014 ***150.00

DOCUMENT # P95000082883

1. Entity Name
LIGHTHOUSE MANAGEMENT CO., INC.

Principal Place of Business
75790 OVERSEAS HIGHWAY
ISLAMORADA FL 33036

Mailing Address
P O BOX 581
ISLAMORADA FL 33036
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
136 SAN JUAN DR
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
ISLAMORADA FL

City & State
FL

4. FEI Number **65-0619268**

Applied For
Not Applicable

Zip
33036

Country
MONTRE

Zip
33036

Country
USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLER, SCOTT
136 SAN JUAN DR
ISLAMORADA FL 33036

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.

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	KELLER, SCOTT	
STREET ADDRESS	P.O. BOX 581	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KELLER, JAN G	
STREET ADDRESS	P.O. BOX 581 T	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/02 *305-664-3592*
 Date Daytime Phone #

CR2E034 (9/01)