

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 02, 2001 8:00 am**  
**Secretary of State**  
 04-02-2001 90088 041 \*\*\*150.00

**DOCUMENT # P96000039803**

1. Entity Name  
**LIGHTHOUSE DESIGNS, INC.**

Principal Place of Business  
**362 NORTHEAST CAMELOT DRIVE  
 PORT SAINT LUCIE FL 34983**

Mailing Address  
**362 NORTHEAST CAMELOT DRIVE  
 PORT SAINT LUCIE FL 34983**

2. Principal Place of Business  
**22644 WEST BRIDGE CT.**

3. Mailing Address  
**22644 WEST BRIDGE CT.**

Suite, Apt. #, etc.

**ESTERO -**

Suite, Apt. #, etc.

**ESTERO**

City & State

**FLORIDA**

City & State

**FLORIDA**

Zip

**33928**

Country

**LEE**

Zip

**33928**

Country

**LEE**

4. FEI Number **65-0658031.**

Applied For

Not Applicable

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

**AMERILAWYER CHARTERED  
 343 ALMERIA AVENUE  
 CORAL GABLES FL 33134**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**PTD  
 COHL, ROSS  
 362 NORTHEAST CAMELOT DRIVE  
 PORT SAINT LUCIE FL 34983** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
**VSD  
 COHL, CRISTINA M  
 362 NORTHEAST CAMELOT DRIVE  
 PORT SAINT LUCIE FL 34983** ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  
☐ Delete

TITLE  
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 STREET ADDRESS  
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☐ Change ☐ Addition

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☐ Change ☐ Addition

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

**CRISTINA COHL**

**3/15/01**

**(941)390-2714**

CR2E034 (10/00)

# P96000039803  
735859

(ROSS + CRISTINA LOHL

Principals address has  
also changed to

22644 Westbrige Ct.

Estero - FL 33928

Lee County.