

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084649

1. Entity Name

LIGHTHOUSE POINT, INC.

FILED

Apr 04, 2000 8:00 am  
Secretary of State

04-04-2000 90037 001 \*\*\*150.00

Principal Place of Business

2410 NORTH FEDERAL HWY  
LIGHTHOUSE POINT FL 33064

Mailing Address

2410 NORTH FEDERAL HWY  
LIGHTHOUSE POINT FL 33064-7742

2. Principal Place of Business

1851 N.E. 24 STREET  
Suite, Apt. #, etc.

3. Mailing Address

1851 N.E. 24 STREET  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

LIGHTHOUSE POINT, FL.  
Zip 33064 - Country USA

City & State

LIGHTHOUSE POINT, FL.  
Zip 33064 - Country USA

4. FEI Number

65-0790475

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SHACKLETON, HERB  
2410 NORTH FEDERAL HWY.  
LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent

Name

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

1851 N.E. 24 STREET

City

LIGHTHOUSE POINT FL

Zip Code

33064

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, 2000 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

TITLE P ☐ Delete  
NAME SHACKELTON, HERB  
STREET ADDRESS 2410 NORTH FEDERAL HWY  
CITY-ST-ZIP LIGHTHOUSE POINT FL 33064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1851 N.E. 24 STREET  
CITY-ST-ZIP LIGHTHOUSE POINT, FL. 33064

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

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Herb Shackleton*

3/31/00

Date

Daytime Phone #

CR2F034 (9/99)