2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000031382

1. Entity Name

LIGHTHOUSE POINT COMPUTER TRADERS, INC.



FILED Apr 18, 2003 8:00 am Secretary of State

04-18-2003 90205 027 ***150.00

													
Principal Place of Business				Mailing Address									
2432 N.E. 20TH TERRACE LIGHTHOUSE POINT FL 33064			2432 N.E. 20TH TERRACE LIGHTHOUSE POINT FL 33064				- 1						
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2. Principal Place of Business			3. Mailing Address				~		HI BUILL DEN			(0/(0 (04) (08)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES					
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City & State			City	City & State				4. FEI Number 65-0825530				oplied For of Applicable	+
Zip Country			Zip Count			otry.	\dashv			Ф.			4
Zip Gourginy			2.0			iti y		5. Certificate of Status Desired					
6. Name and Address of Current F				Registered Agent			7:-Name and Address of New Registered Agent						-
						Name						·	7
PALO, TARYN				Change Andre			on (DO Pay Number is Not Assessable)						-
2432 N.E. 20TH TERRACE				Street Add			ess (P.O. Box Number is Not Acceptable)						
LIGHTHOUSE POINT FL 33064							4. 1/1.						٦
Control of the contro											Zip Cod	<u> </u>	\dashv
						City				FL	Zip Cou	e	
8. The above	named entit	y submits this statement fo	r the purp	oose of changing its	registere	ed office or regi	stered	d agent, or both, in the State	of Florida.	I am farr	iliar with,	and accept	7
the ébliga	tions of regist	ered agent.											
CICNATURE													
SIGNATURE	Signature, typed	or printed name of registered agent	and title if app	plicable. (NOTE	: Registere	d Agent signature rec	uired w	hen reinstating)	C	DATE			ļ
F	ILE NOW!	!! FEE IS \$150.00										_	
After May 1, 2003 Fee will be \$550.00								9. Election Campaig		9 🗆		May Be	
		Florida Department o	f State]				Trust Fund Contri	oution.		Adde	to Fees	ļ
10.		OFFICERS AND	DIRECTO	DRS	11.			ADDITIONS/CHANGES TO	OFFICERS	AND D	RECTOR	S IN 11	1
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CITY-ST-ZIP LIGHTHOUSE POINT FL 33064					CITY	-ST-ZIP							_ [
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12. 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 trastee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date Daytime Phone #