

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90566 039 ***150.00

DOCUMENT # P98000058450

1. Entity Name
LIGHTHOUSE ENTERPRISES INC.

Principal Place of Business
11338 LAKE MANDARIN CIR E
JACKSONVILLE FL 32223
US

Mailing Address
11338 LAKE MANDARIN CIR E
JACKSONVILLE FL 32223
US

2. Principal Place of Business

11899 REMSEN ROAD
 Suite, Apt. #, etc.

3. Mailing Address

11899 REMSEN ROAD
 Suite, Apt. #, etc.

City & State
JACKSONVILLE FL
Zip
32223
Country
US

City & State
JACKSONVILLE FL
Zip
32223
Country
US

4. FEI Number **59-3520237**

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

WILKINSON, EDGAR L
11338 LAKE MANDARIN CIR E
JACKSONVILLE FL 32223

7. Name and Address of New Registered Agent

Name
WILKINSON, EDGAR L.
Street Address (P.O. Box Number is Not Acceptable)
11899 REMSEN ROAD
City **JACKSONVILLE** **FL** **Zip Code** **32223**

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 *Edgar L. Wilkinson* **EDGAR L. WILKINSON**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/25/02
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.

OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete WILKINSON, GREGORY A 12983 SILVER OAK DRIVE JACKSONVILLE FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D <input type="checkbox"/> Delete WILKINSON, EDGAR L 11338 LAKE MANDARIN CIR E JACKSONVILLE FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 11899 REMSEN ROAD JACKSONVILLE, FL 32223
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Edgar L. Wilkinson* **EDGAR L. WILKINSON** **4/25/02** **904-465-0680**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/01)