

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90193 021 ***150.00

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DOCUMENT # P98000058450

1. Entity Name
LIGHTHOUSE ENTERPRISES INC.



Principal Place of Business
11899 REMSEN RD.
JACKSONVILLE FL 32223
US

Mailing Address
11899 REMSEN RD.
JACKSONVILLE FL 32223
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-3520237

Applied For
Not Applicable

Zip

Country

Zip

Country

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

WILKINSON, EDGAR L
11899 REMSEN ROAD
JACKSONVILLE FL 32223

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **WILKINSON, GREGORY A**
STREET ADDRESS **12983 SILVER OAK DRIVE**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE ☒ Change ☐ Addition
NAME **12666 SHADY CREEK DRIVE**
STREET ADDRESS **JACKSONVILLE, FL 32223**
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **WILKINSON, EDGAR L**
STREET ADDRESS **11899 REMSEN ROAD**
CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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 trustee 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: *Edgar L. Wilkinson* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/19/03 *904-268-5068*
Date Daytime Phone #

CR2E034 (10/02)