2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000080888**

LIGHTHOUSE COFFEE COMPANY

Principal Place of Business

Mailing Address

Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90129 023 ***150.00

12353-1 WOODROSE COURT 1791BOY SCOUT DRIVE SUITE 4 FT. MYERS FL 33907-4631 FT. MYERS FL 33907 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Ant. #. etc. Applied For City & State 4. FEI Number City & State 59-3535252 Not Applicable Country \$8.75 Additional Zip Country П Certificate of Status Desired Fee Required US A 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name UMPHRIES, DEBBIE Street Address (P.O. Box Number is Not Acceptable) 4720 SMITHFIELD ROAD **MELBOURNE FL 32934** Woodrose Court Zip Code 33907 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 4/10/00 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete TITLE UMPHRIES, LUKE NAME NAME Woodrase Court 12353-1 STREET ADDRESS 4720 SMITHFIELD ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32934** Addition TITLE ☐ Delete UMPHRIES, DEBBIE NAME NAME 12353-1 STREET ADDRESS STREET ADDRESS 4720 SMITHFIELD ROAD CITY-ST-ZIP **MELBOURNE FL 32934** CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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