2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 10, 2001 8:00 am Secretary of State DOCUMENT # P98000080888 1. Entity Name 05-10-2001 90201 002 ***150.00 LIGHTHOUSE COFFEE COMPANY Principal Place of Business Mailing Address 1791BOY SCOUT DRIVE SUITE 4 1791BOY SCOUT DRIVE SUITE 4 FT. MYERS FL 33907 FT. MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3535252 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent () m phries Vebbie UMPHRIES, DEBBIE Street Address (P.O. Box Number is Not Acceptable) 3631 Cherry tree Cou 12353-1 WOODROSE COURT FORT MYERS FL 33907 Myers 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. Umphries CFO Lowner 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 Tax filing requirement and elects to do so, After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (addresses only) Change CR2E034 (10/00) ☐ Delete TITLE TITLE UMPHRIES, LUKE NAME NAME 13631 Charry Tree Court STREET ADDRESS STREET ADDRESS 12353-1 WOODROSE COURT Ft. Myers FL 33912 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 TITLE ☐ Delete TITLE UMPHRIES, DEBBIE NAME 13631 Cherry Tree Court STREET ADDRESS STREET ADDRESS 12353-1 WOODROSE COURT CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33907 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.