2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address

2910 N.E. 53 COURT

LIGHTHOUSE POINT FL 33064

P98000104505 **DOCUMENT #**

1. Entity Name

2910 N.E. 53 COURT

Principal Place of Business

LIGHTHOUSE POINT FL 33064

LIGHTHOUSE POINT SALES, INC.



FILED Jan 17, 2003 8:00 am Secretary of State

01-17-2003 90143 023 ***150.00

EUUUUU440



							 	
2. Principal Place of Business		3. Mailing Address	Mailing Address				t maint fill fent	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State	City & State		FEI Number 65-0882222 Applied For Not Applied by			
		Zip				\$8.75 A	dditional	
6. Name	and Address of Current R	egistered Agent		7. Na	ame and Address of New Registered A			
LAVALLEE, LEONARD L 2910 N.E. 53 COURT			Name Street Addr					
LIGHTHOUSE POINT FL 33064			City			1		
8. The above named entity the obligations of register	he purpose of changing it	'	jistered agen	FL nt, or both, in the State of Florida. I am fa	Zip Co amiliar with			
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 Trust Fund Contribution.			
10.	OFFICERS AND D	RECTORS	11.	ADDI	TIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 11	
STREET ADDRESS 2910 N.E. 5	LEONARD L 53 COURT SE POINT FL 33064	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	· ;	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
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ITLE IAME ITREET ADDRESS ITY-ST-ZIP 12. I hereby certify that the interpretations of the control of the contro	nformation supplied with the	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #