

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000040652

1. Entity Name

LIGHTHOUSE PEST MANAGEMENT, INC.

FILED
Apr 19, 2000 8:00 am
Secretary of State

04-19-2000 90004 017 ***158.75

Principal Place of Business

4028 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

Mailing Address

4028 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

2. Principal Place of Business

3925 Dixie Hwy NE

Suite, Apt. #, etc.

3. Mailing Address

3925 Dixie Hwy NE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Palm Bay FL

City & State

Palm Bay FL

4. FEI Number

59-3573727

Applied For

Not Applicable

Zip

32905

Country

Brevard

Zip

32905

Country

Brevard

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FORD, WILLIAM F III
4028 N. HARBOR CITY BLVD.
MELBOURNE FL 32935

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

3184 Ottawa Ct

City

Melbourne FL

FL

Zip Code

32935

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-11-00

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME FORD, WILLIAM F III
STREET ADDRESS 107 HIBISCUS ROAD
CITY-ST-ZIP EDGEWATER FL 32141

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME William F Ford III
STREET ADDRESS 3184 Ottawa Ct
CITY-ST-ZIP Melbourne FL 32935

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-00

Date

321 751-9060

Daytime Phone #

CR2E034 (9/99)