

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90119 027 ***150.00

DOCUMENT # P99000067186

1. Entity Name
LIGHTHOUSE WATERPROOFING, INC.

Principal Place of Business

**11650 MONTEZ LN
 JACKSONVILLE FL 32223**

Mailing Address

**11111-70 SAN JOSE BLVD.. PMB 124
 JACKSONVILLE FL 32223**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3589817**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROWN, KIMBERLY S
 11111-70 SAN JOSE BOULEVARD
 PMB #124
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **P BROWN, KIMBERLY S** ☐ Delete
 STREET ADDRESS **11111-70 SAN JOSE BLVD PMB 124**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

TITLE
 NAME **VP BROWN, DARYL SR.** ☐ Delete
 STREET ADDRESS **11111-70 SAN JOSE BLVD PMB 124**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

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

TITLE
 NAME **S COLLINS, EDWARD J** ☒ Delete
 STREET ADDRESS **11111-70 SAN JOSE BLVD., PMB 124**
 CITY-ST-ZIP **JACKSONVILLE FL 32223**

TITLE
 NAME **SECT'Y Adam Bousquet** ☒ Change ☐ Addition
 STREET ADDRESS **5208 Birkenhead Rd**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE
 NAME **S** ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/02

Date

Daytime Phone #

(904) 880 1864

CR2E034 (9/01)