

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S93915

1. Entity Name

LIGHTHOUSE POINT LANDSCAPING DESIGN AND HOME REMODELING, INC.

Principal Place of Business

4820 NW 74TH PLACE  
POMPANO BEACH FL 33073  
US

Mailing Address

4820 NW 74TH PLACE  
POMPANO BEACH FL 33073  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0296121

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

BOUCHARD, MICHEL  
4820 NW 74TH PLACE  
POMPANO BEACH FL 33073

7. Name and Address of New Registered Agent

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	DVST			
	BOUCHARD, MICHEL	4820 NW 74 PLACE	POMPANO BCH FL 33073	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> 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 votes like empowered.

SIGNATURE:

SIGNATURE REQUIRED MICHEL BOUCHARD

Date

Daytime Phone #

1/24/02

FILED  
Feb 13, 2002 8:00 am  
Secretary of State

02-13-2002 90171 005 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)