

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90166 050 ***150.00

DOCUMENT # P00000042866	
1. Entity Name	
LIGHTHOUSE FINANCIAL GROUP OF TENNESSEE, INC.	

DO NOT WRITE IN THIS SPACE

20055401

2. Principal Place of Business 4300 WEST CYPRESS STREET Suite, Apt. #, etc. SUITE 800		3. Mailing Address P.O. BOX 18512 Suite, Apt. #, etc.	
City & State TAMPA, FL		City & State TAMPA, FL	
Zip 33607	Country USA	Zip 33679	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3646441		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent		
	Name ANDREW J. MAY		
	Street Address (P.O. Box Number is Not Acceptable) 4300 WEST CYPRESS STREET		
	SUITE 800		
	City TAMPA	FL	Zip Code 33607

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS				11.			
TITLE	P, S, T, D	TITLE		TITLE		TITLE	
NAME	ANDREW J. MAY	NAME		NAME		NAME	
STREET ADDRESS	4300 WEST CYPRESS ST SUITE 800	STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33607	CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE		TITLE		TITLE	
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE		TITLE		TITLE	
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE		TITLE		TITLE	
NAME		NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:



ANDREW J. MAY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/2005

Date

(813) 637-8305

Daytime Phone #