

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2002 8:00 am
Secretary of State
 05-03-2002 90168 048 ***150.00

DOCUMENT # P01000060232

1. Entity Name
LIGHTHOUSE FINANCIAL CORP

Principal Place of Business

5901 13TH AVE N
ST PETERSBURG FL 33710

Mailing Address

5901 13TH AVE N
ST PETERSBURG FL 33710

2. Principal Place of Business

5136 Central Ave
 Suite, Apt. #, etc.

3. Mailing Address

5136 Central Ave
 Suite, Apt. #, etc.

City & State

ST Petersburg FL

City & State

ST Petersburg FL

Zip
33707

Country
US

Zip
33707

Country
US

4. FEI Number

☒ **Applied For**
☐ **Not Applicable**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

BENJAMIN, THOMAS S
5901 13TH AVE N
ST PETERSBURG FL 33710

7. Name and Address of New Registered Agent

Name
Cliff Gephart
Street Address (P.O. Box Number is Not Acceptable)
5136 Central Ave
City **ST Petersburg** **FL** **Zip Code** **33707**

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 *T.S. Benjamin* *Cliff Gephart* **DATE** **4/17/02**
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 **PRESIDENT** ☐ **Delete**
NAME **Cliff Gephart**
STREET ADDRESS **5136 Central Ave**
CITY-ST-ZIP **ST Petersburg FL 33707**

TITLE **Secretary** ☐ **Delete**
NAME **Thomas S. Benjamin**
STREET ADDRESS **5136 Central Ave**
CITY-ST-ZIP **ST Petersburg FL 33707**

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

TITLE ☐ **Delete**
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ **Change** ☐ **Addition**
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TITLE ☐ **Change** ☐ **Addition**
NAME
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: *Cliff Gephart* **DATE** **4/17/02** **Daytime Phone #** **727-327-5626**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MA0017 AV

CR2E034 (9/01)