

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000103694

1. Entity Name

LIGHTHOUSE INVESTMENT GROUP, INC.

Principal Place of Business

1004 U.S. HWY 19, STE.202  
HOLIDAY FL 34691

Mailing Address

1004 U.S. HWY 19, STE.202  
HOLIDAY FL 34691-5635

2. Principal Place of Business

1004 US Hwy 19  
Suite, Apt. #, etc.  
102

3. Mailing Address

1004 US Hwy 19  
Suite, Apt. #, etc.  
102

City & State

Holiday, Florida

City & State

Holiday, Florida

Zip

34691

Country

USA

Zip

34691

Country

USA

6. Name and Address of Current Registered Agent

WATKINS, KRISTEN W  
2247 ORANGEPOINTE AVE.  
PALM HARBOR FL 34683

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, 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 P  
NAME WATKINS, KRISTEN  
STREET ADDRESS 2247 ORANGEPOINTE AVE  
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE VP  
NAME WATKINS, RALPH  
STREET ADDRESS 2247 ORANGEPOINTE AVE  
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE ST  
NAME WATKINS, ELAINE  
STREET ADDRESS 2247 ORANGEPOINTE AVE  
CITY-ST-ZIP PALM HARBOR FL 34683 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ST  
NAME Elaine Watkins  
STREET ADDRESS 2577 Dolly Bay Blvd # 101  
CITY-ST-ZIP Palm Harbor, FL 34684 ☒ Change ☐ Addition

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

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

TITLE  
NAME  
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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/16/00

(627) 939-2021

Daytime Phone #

**FILED**  
**Mar 21, 2000 8:00 am**  
**Secretary of State**

03-21-2000 90137 001 \*\*\*150.00

03-21-2000 90137 002 \*\*\*\*\*8.75

11100



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3585659

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional  
Fee Required**