

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90192 048 ***150.00

DOCUMENT # P98000103694

1. Entity Name
LIGHTHOUSE INVESTMENT GROUP, INC.

Principal Place of Business

1004 U.S. HWY 19
STE 102
HOLIDAY FL 34691

Mailing Address

1004 U.S. HWY 19
STE 102
HOLIDAY FL 34691

2. Principal Place of Business

510 East Tarpon Avenue
 Suite, Apt. #, etc.

3. Mailing Address

510 East Tarpon Avenue
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Tarpon Springs FL
Zip 34689 **Country** US

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Tarpon Springs FL
Zip 34689 **Country** US

4. FEI Number 59-3585659

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

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)
3010 Autumn Drive
City Palm Harbor **FL** **Zip Code** 34683

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 *Kristen Watkins*
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 1/22/02

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 P WATKINS, KRISTEN STREET ADDRESS 2247 ORANGEPOINTE AVE CITY-ST-ZIP PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME VP WATKINS, RALPH STREET ADDRESS 2247 ORANGEPOINTE AVE CITY-ST-ZIP PALM HARBOR FL 34683	<input type="checkbox"/> Delete
TITLE NAME ST WATKINS, ELAINE STREET ADDRESS 1004 U.S. HWY 19, STE. 102 CITY-ST-ZIP HOLIDAY FL 34691	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME 510 East Tarpon Avenue STREET ADDRESS Tarpon Springs, FL CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME 3010 Autumn Drive STREET ADDRESS Palm Harbor, FL CITY-ST-ZIP 34683	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.

SIGNATURE: *Kristen Watkins*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

127-939-2021 **1/22/02**
 Date Daytime Phone #

CR2E034 (9/01)