

FILED
Mar 12, 2002 8:00 am
Secretary of State

02-06-2002 90030 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # Pq9000047758 ✓

1. Entity Name

Lighthouse Financial Group of New Mexico, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4890 W. Kennedy Blvd.

Suite, Apt. #, etc.

940

3. Mailing Address

PO Box 18512

Suite, Apt. #, etc.

City & State

Tampa, FL

City & State

Tampa, FL

4. FEI Number

59-3579996

Applied For

Not Applicable

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

Zip

33609

Country

USA

Zip

33609

Country

USA

7. Name and Address of Current Registered Agent

Name: Andrew J. May

Street Address (P.O. Box Number is Not Acceptable)

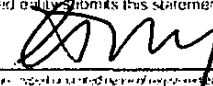
4890 W. Kennedy Blvd #940

City Tampa

FL

Zip Code
33609**DO NOT WRITE
IN THIS SPACE**

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 of Registered Agent (if different from the above)

(NOTE: Registered Agent's name is required when changing agent)

1/17/02

DATE

9. This corporation is eligible to satisfy its franchise
tax filing requirement and elects to do so.
(See instructions on back) ☐January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$350.00
Amended UBR is \$61.25

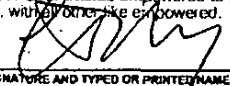
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	D	TITLE	
NAME	May, Andrew J.	NAME	
STREET ADDRESS	4890 W. Kennedy Blvd #940	STREET ADDRESS	
CITY-STATE-ZIP	Tampa, FL 33609	CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
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CITY-STATE-ZIP		CITY-STATE-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-STATE-ZIP		CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with or without the empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/02

Date

(813) 637-8305

Daytime Phone #

CR2E034B (12/01)