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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 # P99000047758 ✓

1. Entity Name
Lighthouse Financial Group of New Mexico, Inc.

[redacted] - 71828

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
4890 W. Kennedy Blvd.	PO Box 18512
Suite, Apt. #, etc.: 940	Suite, Apt. #, etc.
City & State: Tampa, FL	City & State: Tampa, FL
Zip: 33609 Country: USA	Zip: 33679 Country: USA

4. FEI Number: 59-3579996 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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)
4890 W. Kennedy Blvd #940

City: Tampa FL Zip Code: 33609

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] 1/17/02
Signature of new registered agent (if applicable) (NOTE: Required if registered agent is replaced with new agent) DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ (See reverse side)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $750.00
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 NAME: May, Andrew J. STREET ADDRESS: 4890 W. Kennedy Blvd #940 CITY-ST-ZIP: Tampa, FL 33609		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 1/17/02 (813)637-8305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #