

DOCUMENT # P99000051147

1. Entity Name

LIGHTHOUSE FINANCIAL GROUP OF OREGON, INC.

Principal Place of Business

Mailing Address

4245 W KENNEDY BLVD  
TAMPA FL 336094245 W KENNEDY BLVD  
TAMPA FL 33679-8512

2. Principal Place of Business

5601 Mariner St.

3. Mailing Address

P.O. Box 18512

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 220

City &amp; State

City &amp; State

Tampa, FL

Tampa, FL

Zip

Country

Zip

Country

33609

33609

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FOWLER WHITE GILLEN BOGGS ET AL.  
ATTN: CURT P. CREELY, ESQ.  
501 EAST KENNEDY BLVD SUITE 1700  
TAMPA FL 33602

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAY, ANDREW J 4245 W KENNEDY BLVD TAMPA FL 33609	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D May, Andrew J. 5601 Mariner St. #220 Tampa, FL 33609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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:

 Andrew J. May  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-00

Date

(813) 639 0603

Daytime Phone #

**FILED**  
**Apr 28, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90058 013 \*\*\*150.00



DO NOT WRITE IN THIS SPACE