

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 14, 2001 8:00 am**  
**Secretary of State**

05-14-2001 90018 008 \*\*\*158.75

**DOCUMENT # L02345**

1. Entity Name

**LIGHTWAVE PHOTOGRAPHY INC.**

Principal Place of Business

1122 POMELO AVE.  
SARASOTA FL 34236

Mailing Address

1122 POMELO AVE.  
SARASOTA FL 34236

2. Principal Place of Business

**2773 SE 45 Ave**

Suite, Apt. #, etc.

3. Mailing Address

**same as #2**

Suite, Apt. #, etc.

City & State

**Bushnell, FL**

City & State

**FL**

4. FEI Number

**65-0133475**

Applied For

Not Applicable

Zip

**33513**

Country

**USA**

Zip

Country

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**LUZIER, MARESA**  
**1122 POMELO AVE.**  
**SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

**Maresa Luzier**

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

**2773 SE 45 Avenue**

City

**Bushnell**

**FL**

Zip Code

**33513**

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

**Maresa Luzier**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/27/01**

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back)

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**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

T  
NAME **LUZIER, MARESA**  
STREET ADDRESS **1122 POMELO AVE.**  
CITY-ST-ZIP **SARASOTA FL**

☐ Delete

P  
NAME **LUZIER, CHARLES W.**  
STREET ADDRESS **1122 POMELO AVE.**  
CITY-ST-ZIP **SARASOTA FL**

☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

**Luzier, Maresa**  
NAME **2773 SE 45 Avenue**  
STREET ADDRESS **Bushnell, FL 33513**

☒ Change ☐ Addition

**Luzier, Charles**  
NAME **2773 SE 45 Ave**  
STREET ADDRESS **Bushnell, FL 33513**

☒ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE:

**Maresa Luzier**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/27/01**

Date

Daytime Phone #

CR2E034 (10/00)