

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N45939

1. Entity Name

LASER-INDUCED DAMAGE CONFERENCE, INC.

**FILED**  
**Jan 25, 2001 8:00 am**  
**Secretary of State**

01-25-2001 90130 035 \*\*\*\*61.25

Principal Place of Business

4000 CENTRAL FLORIDA BLVD.  
CREOL BLDG./UCF  
ORLANDO FL 32816-2700  
US

Mailing Address

4000 CENTRAL FLORIDA BLVD  
CREOL BUILDING/UCF  
ORLANDO FL 32816-2700  
US

2. Principal Place of Business

939 Lynx Loop NE

Suite, Apt. #, etc.

Albuquerque

City & State

Albuquerque, NM

Zip

87122-1313

Country

3. Mailing Address

989 Lynx Loop NE

Suite, Apt. #, etc.

City & State

Albuquerque, NM

Zip

87122-1313

Country

4. FEI Number

59-3086668

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SOILEAU, M. J

4000 CENTRAL FLORIDA BLVD  
CREOL BUILDING/UCF  
ORLANDO FL 32816

7. Name and Address of New Registered Agent

Name  
Soileau, MJ

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

100 Tuskarvella Road

City

Winter Springs

FL

Zip Code  
32708

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

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D  
STREET ADDRESS GUENTHER, ARTHUR H.  
CITY-ST-ZIP 989 LYNX LOOP, NE  
ALBUQUERQUE NM

TITLE ☐ Delete  
NAME D  
STREET ADDRESS KOZLOWSKI, MARK R  
CITY-ST-ZIP 7000 EAST AVENUE  
LIVERMORE CA

TITLE ☐ Delete  
NAME D  
STREET ADDRESS SOILEAU, M. J.  
CITY-ST-ZIP 4000 CENTRAL BLVD  
ORLANDO FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME Dr. MJ Soileau  
STREET ADDRESS 100 Tuskarvella Road  
CITY-ST-ZIP Winter Springs, FL 32708

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Signature of M. J. Soileau*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/01

(505) 856-1522

Date

Daytime Phone #

CR2E037 (10/00)