

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State

04-22-2002 90272 003 ***150.00

DOCUMENT # P94000012957

1. Entity Name

LUMINARY VENTURES, INC.

Principal Place of Business

40347 U.S. 19 NORTH**SUITE 136****TARPON SPRINGS FL 34689****US**

Mailing Address

P.O. BOX 1076**TARPON SPRINGS FL 34688****US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3232715

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STROHAUER, GARY**1150 CLEVELAND STREET****SUITE 300****CLEARWATER FL 33755**

Name

GARY Hewetson

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

1501 Belcher Rd South**# 2-B**

City

Largo**FL**

Zip Code

33771

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

GARY Hewetson

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/9/02 4/10/02

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, 2002 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 **CMD** ☐ Delete
 NAME **DONIZETTI, LARRY**
 STREET ADDRESS **850 CARSTAIRS CT.**
 CITY-ST-ZIP **TARPON SPRINGS FL**

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

TITLE **PD** ☐ Delete
 NAME **EUBANKS, BOB**
 STREET ADDRESS **3817 ROBLAR AVE.**
 CITY-ST-ZIP **SANTA YNEZ CA**

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

TITLE **STVD** ☐ Delete
 NAME **DONIZETTI, MARIA**
 STREET ADDRESS **950 CARSTAIRS CT.**
 CITY-ST-ZIP **TARPON SPRINGS FL**

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2034 (9/01)