## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 04, 2001 8:00 am Secretary of State DOCUMENT # P94000067760 1. Entity Name LUZIER ENTERPRISES, INC. 05-04-2001 90090 011 \*\*\*150.00 Principal Place of Business Mailing Address 6300 ANCHOR LANE 6300 ANCHOR LANE ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 C0060990 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3265132 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUZIER, RONALD L Street Address (P.O. Box Number is Not Acceptable) 6300 ANCHOR LANE **ROCKLEDGE FL 32955** Zip Code FL 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete TITLE D NAME LUZIER, RONALD L NAME STREET ADDRESS STREET ADDRESS 6300 ANCHOR LANE CITY-ST-ZIP CITY-ST-ZIP **ROCKLEDGE FL 32955** ☐ Change ☐ Addition TiTiE Delete TITLE NAME NAME LUZIER, DIANE P STREET ADDRESS STREET ADDRESS 6300 ANCHOR LANE CITY-ST-ZIP CITY-ST-ZIP ROCKLEDGE FL 32955 ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-7iP

SIGNATURE: RON ALD L. LUZIER SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- 4/27/01 631-631-8184 Data Data Dayline Phone #

FILED