

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2001 8:00 am
Secretary of State
 09-17-2001 90131 016 ***150.00

DOCUMENT # P97000057911

1. Entity Name
MAKIN' WAVES PRODUCTIONS, INC.

Principal Place of Business
4244 UNIV BLVD S
SUITE 1
JACKSONVILLE FL 32216
US

Mailing Address
4244 UNIV BLVD S
SUITE 1
JACKSONVILLE FL 32216
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

505 S. TAMiami TRAIL
NOKOMIS, FL
34275 **SARASOTA**

505 S. TAMiami TRAIL
NOKOMIS, FL
34275 **SARASOTA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3455792**

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

DILLINGHAM, PHILIP I
5711-15 BOWDEN ROAD
SUITE 321
JACKSONVILLE FL 32216

Name **MARC LUFT**
 Street Address (P.O. Box Number is Not Acceptable)
505 S. TAMiami TRAIL
 City **NOKOMIS** **FL** Zip Code **34275**

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

(NOTE: Registered Agent signature required when reinstating)

9-11-01
 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 \$550.00
After September 12, 2001 Fee will be \$750.00
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	P	<input type="checkbox"/> Delete
NAME	LUFT, MARC	
STREET ADDRESS	4045 CROCKERS LAKE BLVD #2223	
CITY-ST-ZIP	SARASOTA FL 34238	
TITLE	CEO	<input checked="" type="checkbox"/> Delete
NAME	EMERCIK, ALFRED C	
STREET ADDRESS	4818 VICTORIA CHASE COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32257	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUFT, MARC	
STREET ADDRESS	4437 WINNERS CIRCLE APT 1322	
CITY-ST-ZIP	SARASOTA, FL 34238	
TITLE	CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HON. BETTY	
STREET ADDRESS	11209 BLUE SAGE PL.	
CITY-ST-ZIP	BRADENTON, FL 34202	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

MARC LUFT
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-11-01
 Date

941-488-2628
 Daytime Phone #

CR2E034 (5/01)

Attachment 979234
White Sands Marine

Doc # P97000057911

505 S. Tamiami Trail
Nokomis, FL 34275

Phone (941) 488-BOAT
Fax (941) 488-2622

September 11, 2001

Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madame,,

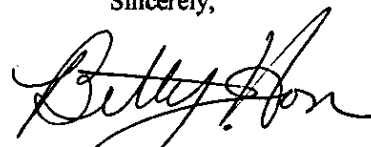
Enclosed you will find a check in the amount of \$150.00 for the annual payment of the corporation fee that is due.

Makin' Waves Productions, Inc. was purchased and is under new ownership as of April 2001. The paperwork regarding this fee was not passed on to us until recently, therefore we were not aware of this fee nor when it was due.

Please accept this payment of \$150.00 for the calendar year. I have also included a copy of the postmark date on the mail received. I assure you that no delay will occur in the future now that we are aware of the corporation fee and have updated the information on the enclosed form.

Thank you for your consideration. Please note the new information required to change ownership, and delete the old officers.

Sincerely,


Betty J. Hon
CEO