

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90145 036 \*\*\*150.00

**DOCUMENT # P98000001747**

**1. Entity Name**  
**ARNE' PHOTOGRAPHY, CORP.**



**Principal Place of Business**  
**18440 PHLOX DR.**  
**FT. MYERS FL 33912**

**Mailing Address**  
**18440 PHLOX DR.**  
**FT. MYERS FL 33912**

**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** **65-0807534**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional  
Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**NEMITZ, ARNOLD**  
**18440 PHLOX DR.**  
**FT. MYERS FL 33912**

**Name** **JOYCE NEMITZ**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**18440 PHLOX DR.**  
**Fort Myers, FL.**  
**City** **Fort Myers** **FL** **Zip Code** **33912**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** *Joyce Nemitz* **Pres-Treas** **Joyce Nemitz**

**1-22-03**

Signature (typed or printed name of registered agent) Title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing** ☐ **\$5.00 May Be**  
**Trust Fund Contribution.** **Added to Fees**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>DPT</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>NEMITZ, ARNOLD</b>	
<b>STREET ADDRESS</b>	<b>18440 PHLOX DR.</b>	
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL 33912</b>	
<b>TITLE</b>	<b>DVS</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>NEMITZ, JOYCE</b>	
<b>STREET ADDRESS</b>	<b>18440 PHLOX DR.</b>	
<b>CITY-ST-ZIP</b>	<b>FT. MYERS FL 33912</b>	
<b>TITLE</b>	<b>D Vice Pres</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>JOHNSTON MELISSA A.</b>	
<b>STREET ADDRESS</b>	<b>4510 VINSETTA AVE</b>	
<b>CITY-ST-ZIP</b>	<b>NO. FT MYERS, FL 33904</b>	
<b>TITLE</b>	<b>Secretary</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>ANDERSEN RHONDA R</b>	
<b>STREET ADDRESS</b>	<b>13611 PAAKCREST BLVD #1225</b>	
<b>CITY-ST-ZIP</b>	<b>FT MYERS, FL 33919</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>D Pres Treasurer</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input checked="" type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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 607, 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:** *Joyce Nemitz* **REQUIRED** **Joyce Nemitz**

**1-22-03**

**239-489-0925**

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (10/02)