

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**  
 05-16-2001 90006 004 \*\*\*150.00

**DOCUMENT # P98000101131**

1. Entity Name  
**PHOTIZO, INC.**

Principal Place of Business  
**762 CHICAGO AVENUE**  
**OCOE FL 34761**

Mailing Address  
**P.O. BOX 771045**  
**WINTER GARDEN FL 34777**

**549497**

2. Principal Place of Business  
**4848 Lake Carlton Dr**

3. Mailing Address  
**4848 LK Carlton Dr**

City & State  
**MT. DORA**

City & State  
**MT. DORA**

Zip  
**32757**

Country  
**USA**

Zip  
**32757**

Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3547099**

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

6. Name and Address of Current Registered Agent  
**MUIR, ROBERT H**  
**762 CHICAGO AVENUE**  
**OCOE FL 34761**

7. Name and Address of New Registered Agent  
 Name **R. H. Muir**  
 Street Address (P.O. Box Number is Not Acceptable) **4848 Lake Carlton Dr.**  
 City **MT. DORA** FL Zip Code **32757**

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]** (NOTE: Registered Agent signature required when reinstating)

DATE **5-1-2001**

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MUIR, ROBERT H</b> <b>762 CHICAGO AVENUE</b> <b>OCOE FL 34761</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>HUMPHREY, ROBERT</b> <b>525 W PLANT ST</b> <b>WINTER GARDEN FL 34787</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

SIGNATURE: **[Signature]** **Director** **5-1-2001** **735-6643**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)