

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000064128**

1. Entity Name

CLAYVIS ONLINE MARKETING, INC.**FILED****Apr 25, 2001 8:00 am**
Secretary of State

04-25-2001 90159 028 ***150.00

Principal Place of Business

12760 BURNING TREE LN. W
JACKSONVILLE FL 32223
US

Mailing Address

12760 BURNING TREE LN. W
JACKSONVILLE FL 32223
US

2. Principal Place of Business

12022 Michaelson Ct
Suite, Apt. #, etc.

3. Mailing Address

12022 Michaelson Ct
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville, FL

City & State

Jacksonville, FL4. FEI Number **58-2190428**

Applied For

Not Applicable

Zip
32223Country
USAZip
32223Country
USA5. 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

VISMAN, LINDA W
12760 BURNING TREE LN. W
JACKSONVILLE FL 32223

Name

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

City

FL

Zip Code

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

(NOTE: Registered Agent signature required when reinstating)

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 \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. 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	D	<input type="checkbox"/> Delete
NAME	VISMAN, LINDA W	
STREET ADDRESS	12760 BURNING TREE LN. W	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	VISMAN, RICHARD A	
STREET ADDRESS	12760 BURNING TREE LN. W	
CITY-ST-ZIP	JACKSONVILLE FL 32223	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12022 Michaelson Court	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12022 Michaelson Court	
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		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

904-262-0275

Daytime Phone #

CR2E034 (10/00)