

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90063 026 \*\*\*150.00

**DOCUMENT # P96000049153**  
 1. Entity Name  
**GCG VISION, INC.**

Principal Place of Business      Mailing Address  
**4604 DUMONT STREET**      **4604 DUMONT STREET**  
**NEW PORT RICHEY FL 34653**      **NEW PORT RICHEY FL 34653**



2. Principal Place of Business      3. Mailing Address  
**4604 DUMONT ST.**      **4604 DUMONT ST**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State      City & State  
**New Port Richey, FL.**      **New Port Richey, FL.**  
 Zip      Country      Zip      Country  
**34653**      **USA**      **34653**      **USA**

4. FEI Number      Applied For  
**65-0694378**      Not Applicable  
 5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KUTCHINS, BRYAN A ESQ.**  
**169 STATE STREET, WEST**  
**SUITE A**  
**OLDSMAR FL 34677**      ← **Delete**

7. Name and Address of New Registered Agent  
 Name      **CAROLE J. NELSON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5700 COLLINS AVE. 16 J**  
 City      **MIAMI BEACH, FL**      Zip Code      **33140**

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      *Carole J. Nelson*      DATE      **2-11-2002**  
**CAROLE J. NELSON**      (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS TARRANTS, ORVIL E 4604 DUMONT STREET NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P TARRANTS, ORVIL E 4604 DUMONT ST. NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TARRANTS, BARBARA 4604 DUMONT ST. NEW PORT RICHEY FL 34653	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TARRANTS, ORVILE 4604 DUMONT ST. NEW PORT RICHEY FL 34653	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDIE, JANET ANN 14111 DUFFIELD RD MONTROSE MI 48457	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TARRANTS, GERALD E 14111 DUFFIELD RD MONTROSE MI 48457	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST CAROLE J. NELSON 5700 COLLINS AVE 16 J MIAMI BEACH, FL. 33140	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAIL K VINSON 6451 ABERDEEN ST NEW PORT RICHEY FL. 34653	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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:      *Orvil E. Tarrants*      ORVIL E. TARRANTS      **Feb. 11**      2002 727 3767353  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (9/01)