

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90056 046 \*\*\*150.00

**DOCUMENT # P98000065700**

1. Entity Name

**GONE VISION, INC.**

Principal Place of Business

Mailing Address

**3201 DREW STREET  
 CLEARWATER FL 33759**

**3201 DREW STREET  
 CLEARWATER FL 33759-3717**

014000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**2165 SUNNYDALE BLVD. #C**

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**SUITE C**

City & State

City & State

**CLEARWATER FL.**

4. FEI Number **59-3525744**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**33765**

**USA**

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

**WINN, ROBERT D  
 3201 DREW STREET  
 CLEARWATER FL 33759**

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]*  
**R.D. WINN** President

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

(NOTE: Registered Agent signature required when reinstating)

**2/1/00**

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, 2000 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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WINN, ROBERT D</b>	
STREET ADDRESS	<b>3201 DREW ST.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>WINN, MARY</b>	
STREET ADDRESS	<b>3201 DREW ST.</b>	
CITY-ST-ZIP	<b>CLEARWATER FL 33759</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *[Signature]* **WINN, MARY WINN** VICE-PRES. **2/1/00** **727-467-9667**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #