

FILED
Jul 30, 2002 8:00 am
Secretary of State

05-24-2002 91298 019 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000072470
 1. Entity Name
VISUAL SAFETY TECHNOLOGIES, INC.

Principal Place of Business
780 CHERRY STREET, SUITE 1
WINTER PARK FL 32789

Mailing Address
% EDWARD M. LIVINGSTON, ESQ.
P.O. BOX 1599
WINTER PARK FL 32780

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
R.G. GARVIN
 Suite, Apt. #, etc.
768 HAROLD AVE

City & State
WINTER PARK, FL

Zip Country
32789 USA

4. FEI Number **59-3596366** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
LIVINGSTON, EDWARD M
628 ELLEN DRIVE
WINTER PARK FL 32780

7. Name and Address of New Registered Agent
 Name **R. GLENN GARVIN**
 Street Address (P.O. Box Number is Not Acceptable)
768 HAROLD AVE
 City **WINTER PARK** FL Zip Code **32789**

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 **R. G GARVIN** *R. G. Garvin* **7/22/02**
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent's 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, 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	DP RIBLETT, EDWARD L 1650 S. PENNSYLVANIA AVENUE WINTER PARK FL 32789	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST GARVIN, GLENN R 239 ESCONDIDO CIRCLE ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PETERSON, ROGER M 225 WOODLAKE DRIVE MAITLAND FL 32751	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARVIN, R. GLENN 17 ESCONDIDO CIR., #239	<input checked="" 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		<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		<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)(f), 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: *R. G. Garvin* **R. G. GARVIN** **407 740-5610**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (8/01)