

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90700 004 ***150.00

DOCUMENT # P94000049955

1. Entity Name
NFOCUS VISUAL COMMUNICATIONS, INC.



Principal Place of Business
321 N KENTUCKY AVE
STE 9
LAKELAND FL 33804
US

Mailing Address
321 NORTH KENNEDY AVENUE, SUITE 9
LAKELAND FL 33801
US



2. Principal Place of Business
1910 Harden Blvd.
Suite, Apt. #, etc.
Suite 105
City & State
Lakeland, FL

3. Mailing Address
P.O. Box 92536
Suite, Apt. #, etc.
City & State
Lakeland, FL

☐ CHECK HERE IF MAKING CHANGES

Zip
33803
Country
USA

Zip
33804
Country
USA

4. FEI Number 59-3251579

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

TRITTON, ROBERT J JR
8000 GLENRIDGE LOOP W
LAKELAND FL 33809

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-8-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
D	TRITTON, ROBERT J JR	8000 GLENRIDGE LOOP W	LAKELAND FL 33809	<input type="checkbox"/>
D	CARLETON, JAMES G III	1059 HIDDEN DR	LAKELAND FL 33809	<input type="checkbox"/>
D	O'BRIEN, JOSEPH	975 HYDE PARK BLVD.# 208	LAKELAND FL 33805	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		2726 Derbyshire	Lakeland, FL 33803	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like information.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-03

863-688-4505

Date

Daytime Phone #

CR2E034 (10/02)