

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F94000000112

1. Entity Name

SUPER VISION INTERNATIONAL, INC.



FILED

03 MAY 14 AM 11:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8210 PRESIDENTS DR
ORLANDO FL 32809
US

Mailing Address
8210 PRESIDENTS DR
ORLANDO FL 32809
US



300018020213
02/21/02 9028 015 \$1500.00 \$1500.00
☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3046866

Applied For

Not Applicable

Zip

Country

Zip

Country

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

CALISE, LARRY J
8210 PRESIDENTS DR
ORLANDO FL 32809

Name

Daniela Regalado

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

8210 Presidents Dr

City

Orlando

FL

Zip Code

32809

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CD ☐ Delete
NAME KINGSTONE, BRETT M
STREET ADDRESS 8210 PRESIDENTS DR
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☒ Delete
NAME PROTIVA, ERIC
STREET ADDRESS 8210 PRESIDENTS AVE
CITY-ST-ZIP ORLANDO FL 32809

TITLE D ☐ Change ☒ Addition
NAME Fritz Zeck
STREET ADDRESS 8210 Presidents Drive
CITY-ST-ZIP Orlando, FL 32809

TITLE D ☐ Delete
NAME PROTIVA, EDGAR
STREET ADDRESS 8210 PRESIDENTS DR
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME MCCANN, BRIAN
STREET ADDRESS 8210 PRESIDENTS DR
CITY-ST-ZIP ORLANDO FL 32809

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CFO ☒ Delete
NAME CALISE, LARRY J
STREET ADDRESS 8210 PRESIDENTS DR
CITY-ST-ZIP ORLANDO FL 32809

TITLE CFO ☐ Change ☒ Addition
NAME Daniela Regalado
STREET ADDRESS 8210 Presidents Dr
CITY-ST-ZIP Orlando, FL 32809

TITLE D ☐ Delete
NAME ANTHONY CASTOR
STREET ADDRESS 8210 PRESIDENTS DR
CITY-ST-ZIP 32809DO FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)