FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jan 27, 2001 8:00 am DOCUMENT # F9600005982 **Secretary of State** VISUAL EDGE SYSTEMS INC. 01-27-2001 90084 016 \*\*\*150.00 Principal Place of Business Mailing Address 901 VAMATO RD 901 VAMATO RD STE 175 STE 175 BOCA RATON FL 33431 **BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 13-3778895 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SEALE, RON Street Address (P.O. Box Number is Not Acceptable) 901 YAMATO ROAD STE 175 **BOCA RATON FL 33431** Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. peters, Tom TITLE Delete SEALE, RON NAME 901 Yamatu Road, Ste 175 901 YAMATO ROAD STE 175 STREET ADDRESS STREET ADDRESS Boca Raten, FL 33431 CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE PETERS, TOM NAME NAME 901 YAMATO RD STE 175 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition BENEDICT, KEITH -----NAME NAME 901 YAMATO RD STE 175 STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** City-St-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition WAGNER, JOHN NAME 901 YAMATO RD STE 175 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 en trustee employered 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.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR