2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F97000004640**

1. Entity Name

PROGRESSIVE VISION INTERNATIONAL, INC.



FILED Mar 17, 2003 8:00 am § Secretary of State

03-17-2003 90659 032 ****61.25

		IAL, INC.	Ì	NA TO					
Principal Pla ROUTE #1 CREEK ROAD LEOLA PA 17 US		Mailing Address P.O. BOX 31393 JERUSALEM, ISRAEL, 913 OC	313		1 1841/88 (110 10)	1 1861 861 801 88 88	11(† 13 (1) 11 1(† 5 1)(† 1		
2. Principal	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 23-2062334			Applied For Not Applicable	
Zip	Country	Zip	Cour	ntry	5. Certificate of Star	tus Desired	\$8.75 Ad Fee Require	Iditional	1
	6. Name and Address of Curren	t Registered Agent			7. Name and Addre	ess of New Registe	 '		1
~			>=	Name			.]_
	W. 24TH COURT			Street Address (P.O. Box Number is No	ot Acceptable)			1
LAUDER	DALE LAKES FL 33313								
_				City			FL Zip Coo	de	1
8. The above the obligation	e named entity submits this statement fations of registered agent.	or the purpose of changing it	ts registered	d office or register	red agent, or both, in th	ne State of Florida. I	am familiar with,	, and accept	1
∃IGNATURE	Signature, typed or printed name of registered ager	t and title it poplicable (NO	TE: Pogistarad i	Agent signature required					l
		. and that it applications. (NO	TE. Hegistered /	Agent signature recipired	when reinstating)		ATE		
	FILE NOW: FEE IS \$61.25	9. Election Ca Trust Fund	ampaign Fin Contribution		\$5.00 May Be Added to Fees		eck Payable		
	-1-				Added to Fees	Fioritia De	partment of	State	l
10.	OFFICERS AND D	RECTORS	11.		ADDITIONS/CHANGES				
TITLE	DP	RECTORS Delete	11.						(02)
TITLE NAME	DP HESS, TOM	······	TITLE NAME	-			DIRECTORS IN	l 10	(10/02)
TITLE	DP HESS, TOM ROUTE #1, CREEK ROAD	······	TITLE NAME	ADDRESS			DIRECTORS IN	l 10	037 (10/02)
TITLE NAME STREET ADDRESS	DP HESS, TOM	······	TITLE NAME STREET	ADDRESS			DIRECTORS IN Change	J 10 ☐ Addition	R2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DP HESS, TOM ROUTE #1, CREEK ROAD LEOLA PA 17540 DS BERNIS, JONATHAN	☐ Delete	TITLE NAME STREET CITY-S	ADDRESS			DIRECTORS IN	l 10	CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DP HESS, TOM ROUTE #1, CREEK ROAD LEOLA PA 17540 DS BERNIS, JONATHAN 16001 N. 34TH STREET	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET	ADDRESS T-ZIP			DIRECTORS IN Change	J 10 ☐ Addition	CR2E037 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HESS, TOM ROUTE #1, CREEK ROAD LEOLA PA 17540 DS BERNIS, JONATHAN 16001 N. 34TH STREET PHOENIX AZ 85032	☐ Delete	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S'	ADDRESS T-ZIP			D DIRECTORS IN Change	J 10 ☐ Addition ☐ Addition	CR2E037 (10/02)
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12. Thereby 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, withfull other like empowered.

SIGNATURE:

XXX 9 2065