

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2002 8:00 am
Secretary of State

04-15-2002 90033 024 ***150.00

0165326 AV

DOCUMENT # F98000002607

1. Entity Name

INOVISION OF VIRGINIA, INC.

Principal Place of Business

923 TOPPINO DRIVE
KEY WEST FL 33040

Mailing Address

923 TOPPINO DRIVE
KEY WEST FL 33040

2. Principal Place of Business

333 Glen Falls St.
Suite, Apt. #, etc.
Suite 200

3. Mailing Address

333 Glen St.
Suite, Apt. #, etc.
Suite 200

City & State

Glen Falls NY

City & State

Glen Falls NY

Zip

12901

Country

Zip

12901

Country

4. FEI Number

54-1865332

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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.

SIGNATURE

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

(NOTE: Registered Agent 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	PCD	<input type="checkbox"/> Delete
NAME	LEWIS, JOEL	
STREET ADDRESS	12726 GLENKIRK RD.	
CITY-ST-ZIP	RICHMOND VA	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	JENKINS, AMELIE	
STREET ADDRESS	38 CANNON ROYAL DR	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	CEOD	<input type="checkbox"/> Delete
NAME	DEDRICK, WARREN	
STREET ADDRESS	625 U.S. HIGHWAY 1, SUITE 102	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE	C	<input type="checkbox"/> Delete
NAME	DEDRICK, WARREN	
STREET ADDRESS	27 NORTH RD	
CITY-ST-ZIP	QUEENSBURY NY 12804	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	333 Glen St. Suite 200	
CITY-ST-ZIP	Glen Falls, NY. 12901	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	333 Glen St. Suite 200	
CITY-ST-ZIP	Glen Falls, NY. 12901	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	333 Glen St. Suite 200	
CITY-ST-ZIP	Glen Falls, NY. 12901	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	333 Glen St. Suite 200	
CITY-ST-ZIP	Glen Falls, NY 12901	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 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:

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

3.27.02

Date

(570)745-8260

Daytime Phone #

CR2E034 (9/01)