

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90148 022 \*\*\*150.00

MARKET 10

**DOCUMENT # H42481**

1. Entity Name  
**COMPUTER VISIONS UNLIMITED, INC.**



Principal Place of Business  
**2902 N STATE RD 7  
#304  
MARGATE FL 33063  
US**

Mailing Address  
**20423 STATE ROAD 7  
#210  
BOCA RATON FL 33498  
US**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State

3. Mailing Address  
Suite, Apt. #, etc.  
City & State

Zip Country Zip Country

4. FEI Number **59-2672902** Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

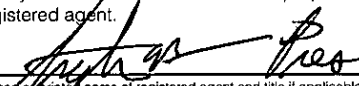
6. Name and Address of Current Registered Agent

**-BARON, STEPHEN  
21011 SHADY VISTA LN.  
BOCA RATON FL 33428**

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  DATE **2/14/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>BARON, STEPHEN A.</b>	
STREET ADDRESS	<b>21011 SHADY VISTA LN.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>SCHEEFERS, JOHN</b>	
STREET ADDRESS	<b>21011 SHADY VISTA LN.</b>	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>EUBANK, CASSANDRA</b>	
STREET ADDRESS	<b>22128 SW 65TH</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33428</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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  Pres.** DATE: **2/14/03** DAYTIME PHONE #: **954-420-7352**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRE034 (10/02)