

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90106 043 ***150.00

0428842

DOCUMENT # J30608

1. Entity Name

VIDEO SCAN, INC.

Principal Place of Business

% CHRISTOPHER J. SCHRADER
 203 APACHE STREET
 TAVERNIER FL 33070

Mailing Address

1201 CEDAR ST.
 UNIT E
 SAFETY HARBOR FL 34695
 US

2. Principal Place of Business

1201 CEDAR ST.

3. Mailing Address

SAME

Suite, Apt. #, etc.

UNIT E

Suite, Apt. #, etc.

City & State

SAFETY HARBOR

City & State

4. FEI Number

59-2719038

Applied For

Not Applicable

Zip

34695

Country

FLORIDA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SCHRADER, CHRISTOPHER J.
 203 APACHE STREET
 TAVERNIER FL 33070

7. Name and Address of New Registered Agent

Name **JOSEPH A. SEPION**

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

1201 CEDAR ST. UNIT E

City **SAFETY HARBOR**

FL

Zip Code

34695

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

Joseph A. Sepion

4-23-01

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, 2001 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 **DP** ☐ Delete
 NAME **SCHRADER, CHRISTOPHER J.**
 STREET ADDRESS **203 APACHE STREET**
 CITY-ST-ZIP **TAVERNIER FL**

TITLE **DVP** ☐ Delete
 NAME **SEPION, JOSEPH A.**
 STREET ADDRESS **795 7TH ST SO**
 CITY-ST-ZIP **SAFETY HARBOR FL**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRES** ☒ Change ☐ Addition
 NAME **SEPION JOSEPH A.**
 STREET ADDRESS **1201 CEDAR ST. UNIT E**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

TITLE **VICE PRES** ☒ Change ☐ Addition
 NAME **SCHRADER CHRISTOPHER J.**
 STREET ADDRESS **203 APACHE ST.**
 CITY-ST-ZIP **TAVERNIER FL 33070**

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

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

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

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-01

Date

Daytime Phone #

(727) 725-2015

CR2E034 (10/00)