

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90314 036 ***150.00

DOCUMENT #

J30608

1. Entity Name
VIDEO SCAN, INC.

Principal Place of Business

**1201 CEDAR STREET
 UNIT E
 SAFETY HARBOR FL 34695**

Mailing Address

**1201 CEDAR STREET
 UNIT E
 SAFETY HARBOR FL 34695
 US**

2. Principal Place of Business

108 S. Bayview Blvd.
 Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 307
 Suite, Apt. #, etc.

City & State

Oldsmar FL

City & State

Oldsmar FL

4. FEI Number

59-2719038

Applied For

Not Applicable

Zip

Country

34677

Pinellas

Zip

34677

Country

Pinellas

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**SEPION, JOSEPH A
 1201 CEDAR STREET
 UNIT E
 SAFETY HARBOR FL 34695**

7. Name and Address of New Registered Agent

Name

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

12404 TROTTER COURT

City **TAMPA**

FL

Zip Code

33626

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 of 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. ☐

**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 ☐ Delete
 NAME **SCHRADER, CHRISTOPHER J.**
 STREET ADDRESS **203 APACHE STREET**
 CITY-ST-ZIP **TAVERNIER FL 33070**

TITLE ☐ Delete
 NAME **SEPION, JOSEPH A.**
 STREET ADDRESS **1201 CEDAR STREET UNIT E**
 CITY-ST-ZIP **SAFETY HARBOR FL 34695**

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **P.O. BOX 307**
 CITY-ST-ZIP **OLDSMAR, FL. 34677-0307**

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:

Joseph A. Sepion
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-23-02 (813) 925-3112

CR2E034 (9/01)