## 3

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

STONATURE RESAURED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **J62102**

1. Entity Name

SIGNATURE

DEPTH PERCEPTION, INC.



## FILED Jan 10, 2003 8:00 am Secretary of State

01-10-2003 90103 049 \*\*\*150.00

· · · · · · · · · · · · · · · · · · ·				NO NE T				
202 NORTH OLD DIXIE HWY.		202 NORTH OL	Mailing Address 202 NORTH OLD DIXIE HWY. JUPITER FL 33458					<b>0/0// 8/0// 180</b> /
2. Principal	Place of Business	3. Mailing Addi	3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State	City & State		4.	59-27/8893		Applied For Not Applicable
Zip	Country	Zíp	Co	untry	5.	. Certificate of Status Desired	\$8:75 Ad	dditional
	6. Name and Address of C	Current Registered Agent			7.	Name and Address of New Registered		
		<u>-</u>		Name			riguitt	
HESS, AF	RNOLD M., III					•		
202 NORT	TH OLD DIXIE HWY.		Street Address (F			P.O. Box Number is Not Acceptable)		
JUPITER I								
ooi iien i	I E 00700							
				City		FL	Zip Cod	de
8. The above	named entity submits this state	ment for the purpose of ab	anging its resist	orad office as ==	alatara d :	gent, or both, in the State of Florida. I am		
the obligat	tions of registered agent.	montror the purpose of Ch	anging its regist	area onice or re	yistered a	igent, or both, in the State of Florida. I am	iamiliar with	, and accept
•								
SIGNATURE	•							
<del></del>	Signature, typed or printed name of register	red agent and title if applicable.	(NOTE: Registe	ered Agent signature r	equired when	reinstating) DATE		
F	ILE NOW!!! FEE IS \$150.	00			-			
Afte	r May 1, 2003 Fee will be \$5	50.00				9. Election Campaign Financing		<b>00</b> May Be
Make Check	k Payable to Florida Departn	nent of State				Trust Fund Contribution. L	ب Adde	d to Fees
10.	OFFICER	IS AND DIRECTORS	I 11	<del></del>	ΔΙ		DIRECTOR	2C INI 11
TITLE	D					DDITIONS/CHANGES TO OFFICERS AND		
NAME	HESS, ARNOLD M., III	□ D		TLE AME			Change	Addition Addition
	202 N. OLD DIXIE HWY.			REET ADDRESS				
CITY-ST-ZIP	JUPITER FL			TY-ST-ZIP				
<del></del>	OOI ITEM I E							
TITLE				FLE			☐ Change	Addition
NAME				ME				
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP			CI	IY-ST-ZIP				
TITLE		□ D	elete III	'LE			☐ Change	☐ Addition
NAME			NA	ME				
STREET ADDRESS			STI	REET ADDRESS				
CITY-ST-ZIP			CIT	IY-ST-ZIP				
TITLE		□ D	elete TIT	LE			Change	☐ Addition
NAME			NA	ME				
STREET ADDRESS			STI	REET ADDRESS				
CITY-ST-ZIP			CIT	Y-ST-ZIP				
TITLE		□ De	elete TiT	LE		··· <u>-</u>	Change	Addition
NAME			NA NA	4				
STREET ADDRESS			STE	REET ADDRESS				
CITY-ST-ZIP			CIT	Y-ST-ZIP				
TITLE			elete TIT	I F		·		
NAME		⊔ U€	NAI SISI				☐ Change	Addition
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
<ol> <li>I hereby c indicated of the corp changed,</li> </ol>	certify that the information supplite on this report or supplemental re- poration or the receiver or truster or on an attachment with air add	ed with this filing does not open to true and accurate a compowered to execute the dress with all other like em	qualify for the extend that my sign? lie report as required to the control of the	emption stated and shall have ared by Chapter	in Section the same 607, Flori	119.07(3)(i), Florida Statutes. I further ceri legal effect as if made under oath; that I a da Statutes; and that my name appears in	ify that the ir m an officer Block 10 or	nformation or director Block 11 if