## **2000 UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

## FILED Mar 15, 2000 8:00 am Secretary of State DOCUMENT # **K76921** 1. Entity Name COLORVISION INTERNATIONAL, INC. 03-15-2000 90094 021 \*\*\*158.75 Principal Place of Business Mailing Address 8250 EXCHANGE DR 8250 EXCHANGE DR **SUITE 132** SUITE 132 PAG91326 ORLANDO FL 32809 ORLANDO FL 32809-7698 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2939257 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SIMMONS, RICHARD L. Street Address (P.O. Box Number is Not Acceptable) 8250 EXCHANGE DR SUITE 132 ORLANDO FL 32809 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DP ☐ Addition TITLE ☐ Change ☐ Delete TITLE SIMMONS, RICHARD L. NAME NAME STREET ADDRESS 8250 EXCHANGE DR SUITE 132 STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-7IP Change Addition ☐ Delete TITLE LUTZ, MARILYN NAME NAME 8250 EXCHANGE DR SUITE 132 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 appendix s, with all other like empowered.

MARIUNN LUTZ