

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2001 8:00 am**  
**Secretary of State**

03-12-2001 90425 007 \*\*\*150.00

**DOCUMENT # L25514**

1. Entity Name  
**VIVICON, INC.**

Principal Place of Business <b>5706 BRIDLE PATH LANE          TAMPA FL 33634          US</b>	Mailing Address <b>P O BOX 260206          TAMPA FL 33685-0206          US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-2974517</b>	Applied For
	Not Applicable

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

**6. Name and Address of Current Registered Agent**

**ROTH, KENNETH A.  
 16802 SHEFFIELD PARK DR.  
 LUTZ FL 33549**

**7. Name and Address of New Registered Agent**

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State <b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	ROTH, KENNETH A		
STREET ADDRESS	16802 SHEFFIELD PARK DR.		
CITY-ST-ZIP	LUTZ FL		
VST	ROTH, LINDA		
STREET ADDRESS	16802 SHEFFIELD PARK DR.		
CITY-ST-ZIP	LUTZ FL		
D	ROTH, LINDA		
STREET ADDRESS	16802 SHEFFIELD PARK DR.		
CITY-ST-ZIP	LUTZ FL		
VP	MICHAEL, DAVID P.		
STREET ADDRESS	18811 5TH STR. S.W.		
CITY-ST-ZIP	LUTZ FL		

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: *Kenneth A. Roth* **3-9-01** **813 249-1599**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)