

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 29, 2000 8:00 am**
Secretary of State

01-29-2000 90037 025 ***150.00

DOCUMENT # L89403

1. Entity Name

NEW VISION DIGITAL, INC.

Principal Place of Business

222 W. HIGHLAND DR
LAKELAND FL 33813
US

Mailing Address

222 W. HIGHLAND DR
LAKELAND FL 33803-2541
US

2. Principal Place of Business

1807 Richmond Road

Suite, Apt. #, etc.

3. Mailing Address

1807 Richmond Road

Suite, Apt. #, etc.

City & State

Lakeland, Fl.

City & State

Lakeland, Fl.

Zip

33803

Country

US

Zip

33803

Country

US

4. FEI Number

59-3036910

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

EDWARDS, JOEL T.
22 W. HIGHLAND DR.
LAKELAND FL 33813

7. Name and Address of New Registered Agent

Name

EDWARDS, GARY R.

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

1807 Richmond Road

City

Lakeland**FL**

Zip Code

33803

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, typed or printed name of registered agent and title if applicable.

GARY R. EDWARDS PRESIDENT**01/25/00**

(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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **EDWARDS, GARY R**
STREET ADDRESS **87 LAKE HUNTER DRIVE**
CITY-ST-ZIP **LAKELAND FL**TITLE **VTS** ☒ Delete
NAME **EDWARDS, JOEL T**
STREET ADDRESS **1704 NEW JERSEY ROAD**
CITY-ST-ZIP **LAKELAND FL**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Change ☐ Addition
NAME **EDWARDS, GARY R.**
STREET ADDRESS **522 HUNTER STREET**
CITY-ST-ZIP **LAKELAND, FL. 33803** ☐ Change ☐ AdditionTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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

GARY R. EDWARDS**PRESIDENT****01/25/00**

Date

Daytime Phone #

863-413-0038