2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001255

1. Entity Name
NEW VISION TECHNOLOGIES, L.L.C.

FILED 4L 3/21
00 MAR 13 PM 2:05
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
1112 ARDEN ST. PENSACOLA FL 32504	1112 ARDEN ST. PENSACOLA FL 32504-6413

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1918 W CERVANTES	1918 W CERVANTES ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PENSACOLA	PENSACOLA FLA.
City & State: FLORIDA	City & State: FLORIDA
Zip: 32501 Country: ESCAMBIA	Zip: 32501 Country: ESCAMBIA

4. FEI Number 59-3406291 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WICHTENDAHL, ALLEN F 1112 ARDEN ST. PENSACOLA FL 32504	Name: RICHARD MERRITT Street Address (P.O. Box Number is Not Acceptable): 1918 W. CERVANTES ST City: PENSACOLA FLORIDA FL Zip Code: 32501

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] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR WICHTENDAHL, ALLEN F 1112 ARDEN ST. PENSACOLA FL 32504	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	300003182673--5 -03/24/00--01043--004 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR RICHARD MERRITT 1918 W CERVANTES ST PENSACOLA FLORIDA 32501	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR JOHN L. DIRIAN 4190 BONWAY DR PENSACOLA, FL 32504	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (9/99)

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] 03/02/2000 (850)438-7029
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #