## **2001 UNIFORM BUSINESS REPORT (UBR)** Apr 19, 2001 8:00 am Secretary of State DOCUMENT # M76199 1. Entity Name N/c 12/27/00 -EYEAMERICA-INC. 04-19-2001 90327 050 \*\*\*150.00 INVICTAVISION, INC Principal Place of Business Mailing Address 8541-BOLTON-AVE PO BOX 5033 HUDSON-FL 34867 HUDSON FL 34674 C0049751 ııs. 2. Principal Place of Business 1121 HOLLANO DRIVE 3. Mailing Address 1121 Holland Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc #32 £32 Applied For City & State 4. FEI Number BOLA RATON 59-2883337 OCA RATON Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOHAN: GEORGE Street Address (P.O. Box Number is Not Acceptable) 8541-BOLTON-AVENUE-HUDSON FL 34667 BOCA RATUR 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 of registered agent and title (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed nar FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PRESIDEMI Delete TITLE TITLE ALAN YUSTER DRIVE, #32 KOHAN, GEORGE NAME NAME STREET ADDRESS 16139 CHIEF DR STREET ADDRESS BOCA RATON, FZ, 33487 CITY-ST-ZIP CITY-ST-ZIP **HUDSON FL** Addition Change **VPS** Delete TITI F WILLIAM J. RETILY 1121 HOLLAND DRIVE, #32 KOHAN, HANNELORE NAME NAME 16139 CHIEF DR STREET ADDRESS STREET ADDRESS BOCA RATION, FE 33487 CITY-ST-ZIP **HUDSON FL** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE LOU'S GIECKEL NAME NAME 1121 Holland Drive, #32 STREET ADDRESS STREET ADDRESS BOGARATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ 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 oats, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this proof as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it changed, or on an attachment with an address, with all other like an average. name appears in Block 11 or Block 12 if SIGNATURE:

ICER OR DIRECTOR

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME