

## 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

03-28-2002 90840 001 \*\*\*600.00

0405288 AV

DOCUMENT # M76199

1. Entity Name  
INVICTAVISION, INC.

## Principal Place of Business

~~1121 HOLLAND DRIVE~~  
~~#32~~  
 BOCA RATON FL 33487  
 US

## Mailing Address

~~1121 HOLLAND DRIVE~~  
~~#32~~  
 BOCA RATON FL 33487  
 US

## 2. Principal Place of Business

1160 S. ROGERS CRICK

Suite, Apt. #, etc.

#32

City &amp; State

Zip

Country

## 3. Mailing Address

1160 S. ROGERS CRICK

Suite, Apt. #, etc.

#32

City &amp; State

Zip

Country



DO NOT WRITE IN THIS SPACE

## 4. FEI Number

59-2883337

Applied For

Not Applicable

## 5. Certificate of Status Desired

☐

**\$8.75** Additional  
 Fee Required

## 6. Name and Address of Current Registered Agent

REILL, WILLIAM J  
 1121 HOLLAND DRIVE  
 #32  
 BOCA RATON FL 33487

## 7. Name and Address of New Registered Agent

Name **William J. Reilly (Spelling Change)**  
 Street Address (P.O. Box Number is Not Acceptable)  
 1160 S. ROGERS CRICK  
 #32  
 City **FL** 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 **William J. Reilly**

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

(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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>YUSTER, ALAN</b> <b>1121 HOLLAND DRIVE, #32</b> <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>REILLY, WILLIAM J</b> <b>1121 HOLLAND DRIVE, #32</b> <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>GLECKEL, LOUIS</b> <b>1121 HOLLAND DRIVE, #32</b> <b>BOCA RATON FL 33487</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1160 S. ROGERS CRICK</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1160 S. ROGERS CRICK</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1160 S. ROGERS CRICK</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

**REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-02

561-995-9980

Date

Daytime Phone #

CR2E034 (9/01)