FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Sep 12, 2002 8:00 am Secretary of State DOCUMENT # N0100009012 1. Entity Name 09-12-2002 90088 048 ****70.00 THE SEMINOLE VISION, INC. Principal Place of Business Mailing Address 230 N WESTMONTE DR STE 1974 230 N WESTMONTE DR STE 1974 ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address 725 Primari 25 Princera Blug #100 Blvd #100 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 100 100 City & State City & State 4. FE! Number 01-05 68867 Applied For سعلام علاه Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 2 USA 42U Fee Required 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent Name Seminale County Lake Ma Street Address (P.O. Box Number 18 Not Acceptable) 725 Primera 15 VA #100 Lake Mari WEINBERG, WAYNE 230 N WESTMONTE DR STE 1974 ALTAMONTE SPRINGS FL 32714 ake Mar 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. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME WEINBERG, WAYNE NAME STREET ADDRESS 1278 TADSWORTH STREET ADDRESS CITY-ST-ZIP HEATHROW FL 32764 CITY-ST-ZIP TITLE D ☐ Delete TITI F ☐ Addition ☐ Change NAME PARKER, DIANE NAME STREET ADDRESS STREET ADDRESS 725 PRIMARA BLVD STE 100 CITY-ST-ZIP CITY-ST-ZIP LAKE MARY FL 32746 TITLE Delete TITLE Addition HENLEY, CARLTON NAME STREET ADDRESS STREET ADDRESS 1101 E FIRST ST CITY-ST-ZIF CITY-ST-ZIP SANFORD FL 32771 ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 receiper or thustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all address, with all other like empowered.

SIGNATURE:

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<u>407-333-4748</u>