

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000003879

1. Entity Name

OMNIVISION INC.

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90088 014 ****61.25

Principal Place of Business

737 THIRD AVENUE, NORTH
ST. PETERSBURG FL 33701

Mailing Address

POST OFFICE BOX 14183
ST. PETERSBURG FL 33733-4183

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SESLER, LINDA L
4747 YARMOUTH AVENUE, SOUTH
ST. PETERSBURG FL 33711

Name

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
SESLER, LINDA L
4747 YARMOUTH AVE SO
ST PETERSBURG FL 33711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VMD
HOBBS, PAMELA
4747 YARMOUTH AVE SO
ST PETERSBURG FL 33711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
WILSON, ELAND JR
4211 ALBERCA WAY SOUTH
ST PETERSBURG FL 33712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VT
WILSON, ELAND JR
8666 PRESTON AVE. SO.
St. Petersburg, FL 33701 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STR
BONITTO, EDNA
3874 36 TERR #20-G
ST PETERSBURG FL 33711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TT
CULBRETH, MICHAEL
5230 11TH AVE SO
GULFPORT FL 33707 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
JORDAN, JEROME
2563 12TH AVE SOUTH
ST PETERSBURG FL 33712 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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 receiver or trustee 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 an address, with all other like empowered.

SIGNATURE: PAMELA HOBBS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-03-00 727-8925716
Date Daytime Phone #