

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90169 049 *****70.00

0062680

DOCUMENT # N97000003879

1. Entity Name

OMNIVISION INC.

Principal Place of Business

**737 THIRD AVENUE, NORTH
 ST. PETERSBURG FL 33701**

Mailing Address

**POST OFFICE BOX 14183
 ST. PETERSBURG FL 33733**

2. Principal Place of Business

1818 29th Avenue North

Suite, Apt. #, etc.

3. Mailing Address

Post Office Box 14183

Suite, Apt. #, etc.

City & State

St. Petersburg, Florida

City & State

St. Petersburg, Florida

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip
33713

Country
USA

Zip

33733-4183

Country
USA

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name **SESLER, LINDA L**

Street Address (P.O. Box Number is Not Acceptable)
5916 5th Avenue North

Apt. **B3**

City **St. Petersburg, Florida**

FL

Zip Code
33710

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 **Linda L. Sesler**

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

Linda L. Sesler

(NOTE: Registered Agent signature required when reinstating)

April 26, 2001

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

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

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

TITLE **VT** ☐ Delete
 NAME **WILSON, ELAND JR**
 STREET ADDRESS **866 PRESTON AVE SO**
 CITY-ST-ZIP **SAINT PETERSBURG FL 33701**

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

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PCD** ☒ Change ☐ Addition
 NAME **SESLER, LINDA L**
 STREET ADDRESS **5916 5TH AVENUE NORTH, APT. 3B**
 CITY-ST-ZIP **ST. PETERSBURG, FLORIDA 33710**

TITLE **VMD** ☒ Change ☐ Addition
 NAME **HOBBS, PAMELA**
 STREET ADDRESS **5916 5TH AVENUE NORTH, APT. 3B**
 CITY-ST-ZIP **ST. PETERSBURG, FLORIDA 33710**

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

TITLE **STR** ☐ Change ☒ Addition
 NAME **FARIAS, MARIO**
 STREET ADDRESS **5822 16TH LANE SOUTH, APT. 1**
 CITY-ST-ZIP **ST. PETERSBURG, FLORIDA 33712**

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

TITLE ☐ Change ☐ Addition
 NAME ☐ Change ☐ Addition
 STREET ADDRESS ☐ Change ☐ Addition
 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 line empowered.

SIGNATURE:

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

APRIL 26, 2001

Date

727-892-5716

Daytime Phone #

CR2E037 (10/00)