

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006227

1. Entity Name

PROJECT VISION, INC.

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

04-02-2001 90290 032 *****70.00

0093963

Principal Place of Business

481 SW PT ST LUCIE BLVD
STE A
PT. ST. LUCIE FL 36953

Mailing Address

481 SW PT ST LUCIE BLVD
STE A
PT. ST. LUCIE FL 36953

2. Principal Place of Business

512 S.W. BADGER TR.

Suite, Apt. #, etc.

3. Mailing Address

512 S.W. BADGER TR.

Suite, Apt. #, etc.

City & State

PT. ST. LUCIE, FL

Zip

34953

Country

ST. LUCIE

City & State

PT. ST. LUCIE, FL

Zip

34953

Country

ST. LUCIE

4. FEI Number

65-0796600

Applied For

Not Applicable

5. Certificate of Status Desired

★

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HARRISON, SANDRA
481 SW PORT ST LUCIE BLVD
STE A
PT. ST. LUCIE FL 36953

7. Name and Address of New Registered Agent

Name

SANDRA HARRISON

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

7444 TEXAS TRAIL

City

BOCA RATON

FL

Zip Code

33487

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 Sandra J. Harrison

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

SANDRA J. HARRISON

(NOTE: Registered Agent signature required when reinstating)

3/28/01

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	VD	<input type="checkbox"/> Delete
NAME	CLAUSSEN, RICHARD	
STREET ADDRESS	481 SW PT ST LUCIE BLVD	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CELLI, JOE	
STREET ADDRESS	481 SW PT ST LUCIE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FRIEDBERG, MELVIN	
STREET ADDRESS	481 SW PT ST LUCIE	
CITY-ST-ZIP	PORT SAINT LUCIE FL 34953	
TITLE	D	<input type="checkbox"/> Delete
NAME	BROWN, THOMAS A	
STREET ADDRESS	1330 NW 13TH AVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/01

Date

561-878-7868

Daytime Phone #

CR2E037 (10/00)