

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 30, 2002 8:00 am
Secretary of State

07-25-2002 90121 037 ****70.00

DOCUMENT # N97000006227

1. Entity Name

PROJECT VISION, INC.

Principal Place of Business

512 SW BADGER TR
 PORT SAINT LUCIE FL 34953

Mailing Address

512 SW BADGER TR
 PORT SAINT LUCIE FL 34953

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

DO NOT WRITE IN THIS SPACE

65-0796600

4. FEI Number

APPLIED FOR

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

HARRISON, SANDRA
 7444 TEXAS TRAIL
 BOCA RATON FL 33487

7. Name and Address of New Registered Agent

Name **SANDRA J. HARRISON**
 Street Address (P.O. Box Number is Not Acceptable)
512 S.W. BADGER TERRACE
 City **PORT ST. LUCIE** FL Zip Code **34953**

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 *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)

7-20-02
 DATE

After September 13, 2002,
 min. will be \$236.25.

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 512 SW BADGER TERRACE PORT ST. LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 512 S.W. BADGER TERRACE PORT ST. LUCIE, FL 34953
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 512 S.W. BADGER TERRACE PORT ST. LUCIE, FL 34953
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

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

7-20-02 **772-878-8457**
 Date Daytime Phone #

CR2E037 (4/02)