


**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 12, 2003 8:00 am
Secretary of State

05-12-2003 90204 001 ****61.25

DOCUMENT # <i>N 98000003520</i>	
1. Entity Name <i>Sacred Visions Inc.</i>	

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>1421 Floyd Drive</i>	3. Mailing Address <i>1421 Floyd Drive</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <i>Rockledge FL</i>	City & State <i>Rockledge FL</i>
Zip <i>32955</i>	Zip <i>32955</i>
Country <i>U.S.A.</i>	Country <i>U.S.A.</i>

4. FEI Number <i>59-3526467</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name <i>James David Salter</i>	
Street Address (P.O. Box Number is Not Acceptable) <i>1421 Floyd Drive</i>	
City <i>Rockledge</i>	FL Zip Code <i>32955</i>

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>President</i> <i>Byron L. Osborne</i> <i>1211 Princeton Rd</i> <i>Cocoa FL 32922</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Treasurer</i> <i>James P. Salter</i> <i>1421 Floyd Drive</i> <i>Rockledge FL 32955</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Secretary</i> <i>Wes King</i> <i>555 Jackson St.</i> <i>Port Canaveral FL 32920</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

James Salter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-7-03 321-504-0666

Date

Daytime Phone #

CR2E037B (12/02)