## **2001 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #** P00000075774 1. Entity Name

EVISION TECHNOLOGIES USA, INC.

Principal Place of Business

Mailing Address

4811 MEMORIAL HWY. #201 TAMPA FL 33634

SIGNATURE:

4811 MEMORIAL HWY. #201

**TAMPA FL 33634** 

## FILED Sep 12, 2001 8:00 am Secretary of State 09-12-2001 90006 027 \*\*\*550.00

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Zip	Country	Zip	Country		able
	607 HILLSBOR		USA	5. Certificate of Status Desired See Required Fee Required	į.
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
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DEN IAMII	N ANGELL			ISTEPHENSON	
BENJAMIN, ANGELI				ddress (P.O. Box Number is Not Acceptable)	
8807 CITRUS VILLAGE DR, #206			20	05 PAN AM CIRCLE	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.					
The above harned entity subthits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.					
Glatina - Final Little of of					
SIGNATURE CEO/CHARMAN 9/28/0/					
Signature Toed of printed name of egistered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)					
9. This corpo	pration is eligible to satisfy its Intangible	FILE NOW!	!! FEE IS \$550.0	00	-
Tax filing requirement and elects to do so.  After Sentember 12, 2001, Fee will be \$750.00					
(See criter	ria on back)	Make Check Payat			\$
11.	OFFICERS AND D		12.	L ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	<b></b>
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13. Thereby o	ertify that the information cumplied with the	is filing doos not avalify for		and in Continue 110 07/07/0 First of Order	
13. 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 of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if					
changed, or on an attachment with an address, with all other like empowered.					

NAME OF SIGNING OFFICER OR DIRECTOR PROPERTY DATE DATE DATE

Attachment # po00000075774 175124



www.evt.tv

## Edward J. Stephenson

CEO/Chairman

Phone: 813-874-5600 Fax: 813-874-5620 Email: estephenson@evt.tv 2005 Pan Am Circle, Suite 1000 Tampa, FL 33607