

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90183 048 ***150.00

DOCUMENT # P00000078388

1. Entity Name
NEW VISION SOFTWARE, INC.

Principal Place of Business

**306 E OLYMPIA AVE
PUNTA GORDA FL 33950**

Mailing Address

**P O BOX 510400
PUNTA GORDA FL 33950**

2. Principal Place of Business

2811 Poinciana Ct

Suite, Apt. #, etc.

3. Mailing Address

SAME

Suite, Apt. #, etc.

SAME

City & State

Punta Gorda, FL

City & State

SAME

Zip

33950

Country

Charlotte

Zip

SAME

Country

SAME

6. Name and Address of Current Registered Agent

**DZURAK, JOHN S
306 E OLYMPIA AVE
PUNTA GORDA FL 33950**

7. Name and Address of New Registered Agent

Name **~~JOHN DZURAK~~**

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	Joseph Velozo	
STREET ADDRESS	2811 Poinciana Ct	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	* VICE PRESIDENT	<input type="checkbox"/> Delete
NAME	LAWRENCE N. JOUBERT	
STREET ADDRESS	5000 SE FEDERAL HWY	
CITY-ST-ZIP	STUART, FL 34997	
TITLE	TREASURER	<input type="checkbox"/> Delete
NAME	CHRISTOPHER PUSKEY	
STREET ADDRESS	2811 Poinciana Ct	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	BRUCE LAPIERRE	
STREET ADDRESS	1425 PARK BEACH CIR.	
CITY-ST-ZIP	Punta Gorda, FL 33950	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Joseph Velozo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-01 941-575-4929

CR2E034 (10/00)