

**02 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002**

DOCUMENT # P01000003076

1. Entity Name

Full Vision, Inc.

FILED

02 NOV 18 AM 10:19

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
200009045892
11/18/02--01042--003 **150.00

2. Principal Place of Business

4751 Cason Cove Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Apt 2008

City & State

City & State

Orlando Florida

Zip

Country

Zip

Country

32811

U.S.A.

4. FEI Number

59-3737527

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Eddy A. Pastor

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

4751 Cason Cove Dr Apt 2008

City

Orlando

FL

Zip Code
32811

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

11/14/02

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	President/Director Eddy A. Pastor 4751 Cason Cove Dr. Apt 2008 Orlando, FL 32811	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/14/02

Daytime Phone #

(407)236-9129

FULL VISION, INC.

DOC. # P01000003076


NOVEMBER 14, 2002

TO:
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
PO BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

PLEASE WAIVE THE REINSTATEMENT FEE OF \$ 550 FOR MY CORPORATION. I DID NOT FILE THE UNIFORM BUSINESS REPORT ON TIME BECAUSE I DID NOT RECEIVED IT. THIS IS THE FIRST YEAR THAT I HAVE A CORPORATION AND I DID NOT KNOW NOTHING ABOUT IT UNTIL NOW THAT MY ACCOUNTANT TOLD ME. ENCLOSED IS A CHECK OF \$150 FOR THE ANNUAL REPORT FEE

THANK YOU FOR YOUR ATTENTION,



EDDY A. PASTOR - PRESIDENT