

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2003**

FILED

DOCUMENT # P01000003076

1. Entity Name

FULL VISION, INC.

03 OCT 31 AM 11:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4751 CASON COVE DR.

3. Mailing Address

4751 CASON COVE DR.

Suite, Apt. #, etc.

2008

Suite, Apt. #, etc.

2008

City & State

ORLANDO FL

City & State

ORLANDO, FL

Zip

32811

Country

Zip

32811

Country

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

03

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.

City

ORLANDO

FL

Zip Code

32811

**DO NOT WRITE
IN THIS SPACE**

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

10/27/03

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
PD
PASTOR EDDY A
4751 CASON COVE DR.
ORLANDO, FL 32811

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
500024344425
10/31/03--01110--006 **150.00

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRES.
EDDY PASTOR

Date

Daytime Phone #

10/27/03

10/27/03

FULL VISION INC
4751 CASON COVE DR AP 2008
ORLANDO, FL 32811

PLEASE ACCEPT MY CHECK FOR \$150 AND WAIVE THE LATE FILING PAYMENT. I
NEVER RECEIVED THE REPORT FROM THE DEPARTMENT OF STATE THIS YEAR.

THANK YOU

EDDY A PASTOR-PRESIDENT