FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2004 8:00 am
Secretary of State
04-14-2004 90016 045 ***150.00

DOCUMENT # P02000046643

1. Entity Name
Crystal Visions International Inc.

DO NOT WRITE IN THIS SPACE

54032656

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
6675 W. Newberry Rd		9136 SW 17th Ave	
Suite, Apt. #, etc. J-9		Suite, Apt. #, etc.	
City & State Gainesville Fl.		City & State Gainesville Fl.	
Zip 32605	Country Alachua	Zip 32607	Country Alachua

4. FEI Number 20 0001154 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name Teresa Hodgson
Street Address (P.O. Box Number is Not Acceptable)
9136 SW 17th Ave
City Gainesville FL Zip Code 32607

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] Teresa Hodgson 4/6/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After May 1, Fee is $550.00
Amended ... $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Teresa Hodgson / 9136 SW 17th Ave / Gainesville Fl 32607	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/02)

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE [signature] Teresa Hodgson 4/4/04 352-333-9169
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #