

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90849 020 \*\*\*150.00

**DOCUMENT # P02000046643**



**1. Entity Name**  
**CRYSTAL VISIONS INTERNATIONAL, INC.**

**Principal Place of Business**  
**9136 SW 17TH AVENUE**  
**GAINESVILLE FL 32607**

**Mailing Address**  
**9136 SW 17TH AVENUE**  
**GAINESVILLE FL 32607**



**2. Principal Place of Business**

**6641 Newberry Rd.**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite K-9

City & State  
**Gainesville FL**

City & State

Zip Country  
**32605 Alachua**

Zip Country

**4. FEI Number**

**20-0001154**

Applied For

Not Applicable

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**HODGSON, LARRY**  
**2519 N.W. 104TH COURT**  
**GAINESVILLE FL 32606**

**7. Name and Address of New Registered Agent**

Name **Larry 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**

*Larry Hodgson* **Director**

**2/5/03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2003 Fee will be \$550.00**

**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 **President** ☐ Delete  
NAME **Teresa Hodgson**  
STREET ADDRESS **9136 SW 17th Ave**  
CITY-ST-ZIP **Gainesville FL 32607**

TITLE **Director** ☐ Delete  
NAME **Larry Hodgson**  
STREET ADDRESS **9136 SW 17th Ave.**  
CITY-ST-ZIP **Gainesville FL 32607**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE**

*Larry Hodgson* **Director**

**2/5/03**

**352-333-9169**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)