

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90269 043 ***150.00

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DOCUMENT # P02000092929

1. Entity Name
FLORIDAVUE, INC.



Principal Place of Business
**2885 LONGLEAF LANE
PALM HARBOR FL 34684
US**

Mailing Address
**9300 REGENCY PARK BLVD.
PORT RICHEY FL 34668
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

81-0572085

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

7. Name and Address of New Registered Agent

**MILLEMAN, JASON T
9300 REGENCY PARK BLVD.
PORT RICHEY FL 34668**

Name

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

2885 LONGLEAF LANE

City

PALM HARBOR

FL

Zip Code
34684

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

JASON T MILLEMAN

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
Makes 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P,VP	<input type="checkbox"/> Delete
NAME	MILLEMAN, JASON T	
STREET ADDRESS	PO BOX 6027	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	S,T	<input checked="" type="checkbox"/> Delete
NAME	MILLEMAN, JASON T	
STREET ADDRESS	PO BOX 6027	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	COONS, CATHIE	
STREET ADDRESS	9300 REGENCY PARK BLVD.	
CITY-ST-ZIP	PORT RICHEY FL 34668	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

JASON T MILLEMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/03
Date

Daytime Phone #

CR2E034 (10/02)