

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90164 049 ***150.00

DOCUMENT # P02000117310

1. Entity Name
VIVIDYNE CORPORATION



Principal Place of Business
8413 LAUREL CIRCLE, STE. 100
TAMPA FL 33610

Mailing Address
8413 LAUREL CIRCLE, STE. 100
TAMPA FL 33610



2. Principal Place of Business

8413 LAUREL FAIR CIR

3. Mailing Address

8413 LAUREL FAIR CIR

Suite, Apt. #, etc.

SUITE 100

Suite, Apt. #, etc.

SUITE 100

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33610

Country

USA

Zip

33610

Country

USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

11-3659702

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JEFFRIES, DAVID M
101 EAST KENNEDY BLVD., STE. 1030
BANK OF AMERICA PLAZA
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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, 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 GLENN PEARSON
STREET ADDRESS 8413 LAUREL FAIR CIR, STE 100
CITY-ST-ZIP TAMPA, FL 33610

TITLE VICE PRESIDENT ☐ Delete
NAME JIAN FILA
STREET ADDRESS 8413 LAUREL FAIR CIR, STE 100
CITY-ST-ZIP TAMPA, FL 33610

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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CITY-ST-ZIP

12. I hereby certify that the information supplied in 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 information.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

2/6/03 (813) 493-9334