

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000084817

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90120 036 ***158.75

1. Entity Name
OCEAN VISION TECHNOLOGY, INC.

Principal Place of Business

Mailing Address

**198 CARRIBBEAN RD
 NAPLES FL 34108
 US**

**198 CARRIBBEAN RD
 NAPLES FL 34108-3406
 US**



DO NOT WRITE IN THIS SPACE

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

65-0460448

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FLETCHER, ROBERT
 198 CARRIBBEAN RD
 NAPLES FL 34108**

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.

SIGNATURE

Robert Fletcher

4-24-00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	FLETCHER, ROBERT	
STREET ADDRESS	5051 14TH AVE SW	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERS, ROYDEN L	
STREET ADDRESS	P O BOX 550	
CITY-ST-ZIP	WILTON NH	
TITLE	D	<input type="checkbox"/> Delete
NAME	WOODSUM, HARVEY	
STREET ADDRESS	3 EXECUTIVE PARK DR	
CITY-ST-ZIP	BEDFORD NH 03110	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GLEED, AMY KELLER	
STREET ADDRESS	3 EXECUTIVE PARK DR	
CITY-ST-ZIP	BEDFORD NH 03110	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

Robert Fletcher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-00

Date

941-430-9665

Daytime Phone #

CR2E034 (9/99)