

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 07, 2001 8:00 am**  
**Secretary of State**

04-07-2001 90013 022 \*\*\*158.75

**DOCUMENT # P93000084817**

1. Entity Name  
**OCEAN VISION TECHNOLOGY, INC.**

Principal Place of Business

**198 CARRIBBEAN RD  
NAPLES FL 34108  
US**

Mailing Address

**198 CARRIBBEAN RD  
NAPLES FL 34108  
US**

2. Principal Place of Business

**800 Meadowland Dr**

3. Mailing Address

**800 Meadowland Dr**

Suite, Apt. #, etc.

**Apt J**

Suite, Apt. #, etc.

**Apt J**

City & State

**Naples FL**

City & State

**Naples FL**

Zip

**34108**

Country

**US**

Zip

**34108**

Country

**US**



DO NOT WRITE IN THIS SPACE

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

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

7. Name and Address of New Registered Agent

Name

**Robert Fletcher**

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

**800 J Meadowland Dr**

City

**Naples**

**FL**

Zip Code

**34108**

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

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

(NOTE: Registered Agent signature required when reinstating)

**4-3-01**

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, 2001 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** ☐ Delete  
NAME **FLETCHER, ROBERT**  
STREET ADDRESS **5051 14TH AVE SW**  
CITY-ST-ZIP **NAPLES FL**

TITLE ☒ Change ☐ Addition  
NAME **800 J Meadowland Dr**  
STREET ADDRESS **Naples FL 34108**  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **SANDERS, ROYDEN L**  
STREET ADDRESS **P O BOX 550**  
CITY-ST-ZIP **WILTON NH**

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

TITLE **D** ☐ Delete  
NAME **WOODSUM, HARVEY**  
STREET ADDRESS **3 EXECUTIVE PARK DR**  
CITY-ST-ZIP **BEDFORD NH 03110**

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

TITLE **VP** ☒ Delete  
NAME **GLEED, AMY KELLER**  
STREET ADDRESS **3 EXECUTIVE PARK DR**  
CITY-ST-ZIP **BEDFORD NH 03110**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-3-01**

Date

**941-404-8037**

Daytime Phone #

CR2E034 (10/00)