## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

## **FILED** DOCUMENT # P94000013268 Apr 03, 2000 8:00 am Secretary of State VIDEO INSPECTIONS, INC. 04-03-2000 90176 024 \*\*\*150.00 Principal Place of Business Mailing Address 1900 MAIN ST 1900 MAIN ST SHITE 303 SUITE 303 SARASOTA FL 34236 SARASOTA FL 34236-5927 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0473638 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Michael L Propsom Street Address (P.O. Box Number is Not Acceptable) GIARRANA, VALERIA A 1900 MAIN ST 1900 Main St. SUITE 303 Suite 303 SARASOTA FL 34236 Zip Code City Sarasota, 34236 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12, ☐ Change Addition ☐ Delete TITLE TITLE MIXON, JERRY L NAME NAME 5701 HOWARD CREEK RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34241 CITY-ST-ZIP ☐ Addition ☐ Delete / ; ☐ Change TITLE PROPSOM, MICHAEL L NAME NAME 4446 N LAKE DR STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 of the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachment with an address, with all other like empowered. ame appears in Block 11 or Block 12 if

Daytime Phone #