

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90142 012 \*\*\*150.00

0504124 AV

**DOCUMENT # P94000013268**

1. Entity Name

**VIDEO INSPECTIONS, INC.**

Principal Place of Business

**1900 MAIN ST  
 SUITE 303  
 SARASOTA FL 34236**

Mailing Address

**1900 MAIN ST  
 SUITE 303  
 SARASOTA FL 34236**

**B0068189**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6222 Tower Lane**

Suite, Apt. #, etc.

**Unit B-8**

City & State

**Sarasota FL**

Zip

**34240**

Country

**US**

3. Mailing Address

**6222 Tower Lane**

Suite, Apt. #, etc.

**Unit B-8**

City & State

**Sarasota FL**

Zip

**34240**

Country

**US**

4. FEI Number

**65-0473638**

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**PROPSOM, MICHAEL L**

**1900 MAIN ST**

**SUITE 303**

**SARASOTA FL 34236**

7. Name and Address of New Registered Agent

Name

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

**6222 Tower Lane**

**Unit B-8**

City

**Sarasota, FL**

Zip Code

**34240**

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]*

**Michael L. Propsom, Agent**

**4/3/02**

Signature, typed or printed name of registered agent and title, 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, 2002 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

TITLE ☐ Delete  
 NAME **SD**  
 STREET ADDRESS **MIXON, JERRY L**  
 CITY-ST-ZIP **5701 HOWARD CREEK RD  
 SARASOTA FL 34241**

TITLE ☐ Delete  
 NAME **PD**  
 STREET ADDRESS **PROPSOM, MICHAEL L**  
 CITY-ST-ZIP **4446 N LAKE DR  
 SARASOTA FL**

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

12. 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  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 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]* **Michael L. Propsom, President**

**4/3/02**

Date

**941-379-5118**

Daytime Phone #

CR2E034 (9/01)