

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000019984

1. Entity Name

INNOVISION MARKETING GROUP, INC.

FILED
Apr 26, 2001 8:00 am
Secretary of State

04-26-2001 90320 005 ***150.00

Principal Place of Business

108 S COURT AVE
3RD FLOOR
ORLANDO FL 32801
US

Mailing Address

108 S COURT AVE
3RD FLOOR
ORLANDO FL 32801
US

2. Principal Place of Business

2021 South St. East

3. Mailing Address

2021 South St. East

Suite, Apt. #, etc.

Orlando, FL

Suite, Apt. #, etc.

City & State

Orlando, FL

City & State

32803

Country

USA

City & State

Orlando, FL

Country

USA

6. Name and Address of Current Registered Agent

SHIRLEY, JONATHAN W ATTY
171 CIRCLE DR.
MAITLAND FL 32751

7. Name and Address of New Registered Agent

Name

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

City

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 *[Signature]*

(Signature, typed or printed name of registered agent and if not applicable)

(NOTE: Registered Agent's signature is required when transferring)

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

TITLE **P** ☐ Delete
NAME **PARMELEE, ANNA E**
STREET ADDRESS **~~108 S COURT AVE 3RD FLOOR~~**
CITY-STATE-ZIP **~~ORLANDO FL 32801~~**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
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CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2021 South St. East**
CITY-STATE-ZIP **Orlando, FL 32803**

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

TITLE ☐ Change ☐ Addition
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CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/01 (407)841-4955

CR2E034 (10/00)