

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90079 008 ***158.75

DOCUMENT # P95000075583

1. Entity Name
FIBERVISION, INC.

Principal Place of Business

**3129 TAMiami TRAIL
 SUITE C
 PORT CHARLOTTE FL 33952
 US**

Mailing Address

**P O BOX 7174
 NORTH PORT FL 34287
 US**

2. Principal Place of Business

3. Mailing Address

PO Box 380519

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MURDOCK FL

4. FEI Number

59-3463966

Applied For

Not Applicable

Zip

Country

Zip

Country

33938

USA

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JAMESON, ROBERT R
 801 ROTONDA CIRCLE
 ROTONDA WEST FL 33947**

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

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
 NAME **MCKEE, ANN**
 STREET ADDRESS **363 WARBLER WAY**
 CITY-ST-ZIP **RENO NV 89502**

TITLE **P** ☒ Change ☐ Addition
 NAME **JAMESON, ROBERT**
 STREET ADDRESS **801 ROTONDA CIRCLE**
 CITY-ST-ZIP **ROTONDA WEST FL 33947**

TITLE ☐ Delete
 NAME **CEO**
 STREET ADDRESS **JAMESON, ROBERT R**
 CITY-ST-ZIP **801 ROTONDA CIRCLE**
ROTONDA WEST FL 33947

TITLE ☐ Change ☒ Addition
 NAME **CEO**
 STREET ADDRESS **MERRILL, DEAN**
 CITY-ST-ZIP **858 BOUNDARY BLVD**
ROTONDA WEST FL 33947

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

TITLE ☒ Change ☐ Addition
 NAME **SECRETARY**
 STREET ADDRESS **MCKEE, ANN**
 CITY-ST-ZIP **363 WARBLER WAY**
RENO, NV 89502

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

TITLE ☐ Delete
 NAME ☐ Delete
 STREET ADDRESS ☐ Delete
 CITY-ST-ZIP ☐ Delete

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

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 Jameson / ROBERT JAMESON

4-25-02

941 235-9768

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)