

2003 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91164 022 \*\*\*150.00

DOCUMENT # P96 0000 48145

1. Entity Name

TEK VISION, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

8233 Gator Lane

3. Mailing Address

P. O. Box 5358

Suite, Apt. #, etc.

Suite 4

Suite, Apt. #, etc.

City & State

West Palm Beach, Florida

City & State

Lake Worth, Florida

4. FEI Number

65-0679120

Applied For

Not Applicable

Zip

33411

Country

Zip

33466-5358

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

7. Name and Address of Current Registered Agent

Name

Orthnell Cash

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

8233 Gator Lane, Suite 4

City

West Palm Beach

FL

Zip Code

33411

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CD  
Orthnell CASH  
2270 Ridgewood Circle  
Royal Palm Beach, Florida

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PST  
Orthnell CASH  
2270 Ridgewood Circle  
Royal Palm Beach, Florida

TITLE  
NAME  
STREET ADDRESS  
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IN THIS SPACE**

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ORTHNELL CASH, PRES.

29 Apr 2003

Date

561-740-4164

Daytime Phone #

CR2E034B (12/02)