FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am DOCUMENT # P97000027740 **Secretary of State** 1. Entity Name 02-21-2002 90170 027 ***150.00 COLOUR VISION SYSTEMS INC. Principal Place of Business Mailing Address 755 8TH CT., STE, 7 755 8TH CT., STE, 7 VERO BEACH FL 32962 VERO BEACH FL 32962 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3449042 Not Applicable Zip Country Žip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PENINSULA REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 200 S. BISCAYNE BLVD., STE. 4874 MIAMI FL 33131 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, typed or print nt 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 filing requirement and elects to do so. After May 1, 2002 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. CR2E034 (9/01) TITLE ☐ Delete TITLE Change NAME JACKSON, JOSEPH M NAME 755 - 8 TH COURT - SCITE 7 STREET ADDRESS 254 SEAVIEW ST STREET ADDRESS VERO BEACH CIT: -ST-ZIP **MELBOURNE BEACH FL 32951** CITY-ST-ZIP ☐ Change ☐ Addition TIŘE ☐ Delete TITLE NAME NAME ESSON, CHARLES E STREET ADDRESS STREET ADDRESS **GEGGIES RD., ROKEWOOD, 3330** CITY-ST-ZIP CITY-ST-ZIP VICTORIA, AUSTRALIA Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME BROWN, PETER G STREET ADDRESS STREET ADDRESS 26A MCINTOSH RD., MT. EGERTON, 3345 CITY-ST-ZIP CITY-ST-ZIP <u>VICTORIA, AUSTRALIA</u> ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empower

Date