2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State
02-10-2003 90136 020 ***150.00

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DOCUMENT # P97000034633

1. Entity Name
QUANTUM VISION CONSULTING, INC.

Principal Place of Business	Mailing Address
1515 HILLTOP DR.	1515 HILLTOP DR.
MOUNT DORA FL 32757	MOUNT DORA FL 32757

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
24650 Martin St.	24650 Martin St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Eustis FL	City & State: Eustis FL
Zip: 32736 Country:	Zip: 32736 Country:

4. FEI Number 59-3441202 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

JOHNSON, RICHARD J
1515 HILLTOP DR.
MOUNT DORA FL 32757

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable) 24650 Martin St.
City Eustis **FL** Zip Code 32736

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 Richard J Johnson Richard J. Johnson 2-7-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JOHNSON, RICHARD J		NAME		
STREET ADDRESS	1515 HILLTOP DR.		STREET ADDRESS		
CITY-ST-ZIP	MOUNT DORA FL 32757		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard J Johnson 2-7-03 352-357-2771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #