

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066977

1. Entity Name

VIVID DESIGN TECHNOLOGIES, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90033 043 ***150.00

Principal Place of Business

103 W. WISCONSIN AVE
SUITE 200
DELAND FL 32720

Mailing Address

103 W. WISCONSIN AVE
SUITE 200
DELAND FL 32720

2. Principal Place of Business

1412 Intrepid Drive, Unit E

Suite, Apt. #, etc.

3. Mailing Address

1412 Intrepid Drive, Unit E

Suite, Apt. #, etc.

City & State

Deland, FL

City & State

Deland, FL

Zip

32724

Country

USA

Zip

32724

Country

USA

4. FEI Number

59-3466240

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STEWART, W. T. JR
103 W. WISCONSIN AVE
SUITE 200
DELAND FL 32720

7. Name and Address of New Registered Agent

Name

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

1412 Intrepid Drive, Unit E

City

Deland

FL

Zip Code

32724

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, 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	DPVS	<input type="checkbox"/> Delete
NAME	STEWART, W. T. JR	
STREET ADDRESS	103 W. WISCONSIN AVE, SUITE 200	
CITY-ST-ZIP	DELAND FL 32720	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEWART, W. T. JR	
STREET ADDRESS	103 W. WISCONSIN AVE, SUITE 200	
CITY-ST-ZIP	DELAND FL 32720	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	ADDRESS ONLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1412 Intrepid Drive, Unit E	
CITY-ST-ZIP	Deland, FL 32724	
TITLE	ADDRESS ONLY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1412 Intrepid Drive, Unit E	
CITY-ST-ZIP	Deland, FL 32724	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

W.T. Stewart Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

Daytime Phone #

CR2E034 (10/00)