

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000066977

1. Entity Name

VIVID DESIGN TECHNOLOGIES, INC.

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

3. Mailing Address

1412 Intrepid Drive, Unit E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Deland, FL

Zip  
32724

Country  
USA

City & State  
Deland, FL

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS STEWART, W. T. JR 103 W. WISCONSIN AVE, SUITE 200 DELAND FL 32720	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY 1412 Intrepid Drive, Unit E Deland, FL 32724	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/01

Date

Daytime Phone #

CR2E034 (10/00)