

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90002 005 ***150.00

B0090383

DOCUMENT # P98000028168
1. Entity Name Integrated Visions, Inc.
Ref. Number: P98000028168
Letter Number: 800 A00020431
Principal Place of Business 5152 Northridge Road #108 SARASOTA, FLA. 34238
Mailing Address 5152 Northridge Road #108 SARASOTA, FLA. 34238

2. Principal Place of Business 5152 Northridge Road #108 SARASOTA, FLA. 34238
3. Mailing Address 5152 Northridge Road #108 SARASOTA, FLA. 34238
City & State SARASOTA, FLA.
Zip 34238 **Country** USA

4. FEI Number EIN 65-0826366
Applied For Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent Carolyn M. Bridgford 5152 Northridge Road #108 Sarasota, FLA. 34238
7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL **Zip Code**

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.
Integrated Visions, Inc. (Change of Address)
SIGNATURE BY: Carolyn M. Bridgford AS PRESIDENT 4/24/00
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. ☐ **FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State
10. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PRESIDENT, SEC. TREAS.	<input type="checkbox"/> Delete <input type="checkbox"/> V.P.	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Carolyn M. BRIDGFORD		NAME		
STREET ADDRESS	5152 Northridge Road #108		STREET ADDRESS		
CITY-ST-ZIP	Sarasota, FLA. 34238		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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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 changed, or on an attachment with an address, with all other like empowered.
INTEGRATED VISIONS, Inc.
SIGNATURE: BY: Carolyn M. Bridgford AS PRESIDENT 4/24/00 941-923-0500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 CAROLYN M. BRIDGFORD
 Date 05/11/2000 Daytime Phone # 941-923-2387

CR2E034 (9/99)