

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000028168****1. Entity Name**
INTEGRATED VISIONS, INC.**Principal Place of Business**5152 NORTHRIDGE RD.
#108
SARASOTA FL 34238**Mailing Address**5152 NORTHRIDGE RD.
#108
SARASOTA FL 34238**2. Principal Place of Business**1491 SECOND STREET
Suite, Apt. #, etc.
SUITE C-3**3. Mailing Address**4312 Brandywine Dr.
Suite, Apt. #, etc.**City & State**

SARASOTA, Florida

City & State

SARASOTA, Florida

Zip

34236

Country

U.S.A.

Zip

34241

Country

U.S.A.

4. FEI Number

65-0826366

Applied For

Not Applicable

5. Certificate of Status Desired☒**\$8.75 Additional
Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**BRIDGFORD, CAROLYN
4312 BRANDYWINE DR
SARASOTA FL 34241

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.**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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
<input type="checkbox"/> Delete	BRIDGFORD, CAROLYN 4312 BRANDYWINE DR SARASOTA FL 34241	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:** By: Carolyn Bridgford AS PRESIDENT APRIL 4, 2001
941-809-1003
941-378-3541
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #