

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90122 004 ***158.75

DOCUMENT # P98000028168

1. Entity Name

INTEGRATED VISIONS, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1491 Second Street

Suite, Apt. #, etc.

Suite C-3

City & State

SARASOTA, FL

Zip

34236

Country

USA

3. Mailing Address

4312 Brandywine DR.

Suite, Apt. #, etc.

City & State

SARASOTA, FL

Zip

34241

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

650826366

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Carolyn B. Thompson

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

4312 Brandywine Dr.

City

Sarasota

FL

Zip Code

34241

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: Carolyn B. Thompson, Title: PRESIDENT, DIRECTOR

4/11/02

DATE

**9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.**
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP
PRESIDENT-P, D, S, T Carolyn Bridgford Thompson 4312 Brandywine Drive SARASOTA, FL 34241-6107

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Carolyn B. Thompson / Carolyn Bridgford Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CAROLYN B. THOMPSON / CAROLYN BRIDGFORD THOMPSON

4/11/02

Date

941-952-1977

Daytime Phone #