

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000047481

1. Entity Name

SECURITY VISION INC.

**FILED**  
**Aug 28, 2000 8:00 am**  
**Secretary of State**

08-28-2000 90032 007 \*\*\*550.00

Principal Place of Business

14201 SW 20 ST.  
DAVIE FL 33325  
US

Mailing Address

14201 SW 20 ST.  
DAVIE FL 33325-5424  
US

2. Principal Place of Business

743 Citroen Drive

3. Mailing Address

743 Citroen, Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

SEBRING, FL

City & State

SEBRING, FL

Zip

34682

Country

USA

Zip

34682

Country

USA

4. FEI Number

65-0837067

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WINTER, WARREN  
14201 SW 20 ST.  
DAVIE FL 33325

7. Name and Address of New Registered Agent

Name Winter, Warren  
Street Address (P.O. Box Number is Not Acceptable)  
743 CITROEN  
City SEBRING FL Zip Code 33872

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

Robert C. Howard

8/23/00

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.  
(See criteria on back) ☐

**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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	WINTER, WARREN	
STREET ADDRESS	14201 SW 20 ST.	
CITY-ST-ZIP	DAVIE FL 33325	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HOWARD, ROBERT C	
STREET ADDRESS	14201 SW 20 ST.	
CITY-ST-ZIP	DAVIE FL 33325	
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	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN WINTER	
STREET ADDRESS	743 CITROEN	
CITY-ST-ZIP	SEBRING, FL 33872	
TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, ROBERT C.	
STREET ADDRESS	P.O. BOX 243	
CITY-ST-ZIP	PRIM HARBOR, FL 34682	
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:

Robert C. Howard

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/23/00 (F17) 781-6059

Date Daytime Phone #

CR2E034 (9/99)