## 2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 11, 2001 8:00 am DOCUMENT # P9800004748 14 Secretary of State Security Vision Inc. 04-11-2001 90135 031 \*\*\*150.00 Principal Place of Business Mailing Address 4004711A 2. Principal Place of Business 3. Mailing Address 743 Citroen Dr. 330 US 27 N Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Fla. 65-0837067 Not Applicable Zip\_33870 \$8.75 Additional 5. Certificate of Status Desired 33872 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Winter, Warren 743 Citroen Dr. Street Address (P.O. Box Number is Not Acceptable). New address only Sebring Fla. 33872 Citroen Dr. (New 200 (253) Zip Code 23872 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001. Fee will be \$550.00 Trust Fund Contribution: (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE ☐ Change ☐ Addition winter, warren ww Winter, Warren NAME NAME 743 Citroen Dr. -743 Cityen Br (change address only) STREET ADDRESS STREET ADDRESS Sebring, Fla. 33872 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Howard, Robert C. NAME NAME 14201 SW 20 ST STREET ADDRESS STREET ADDRESS resigned) Davie Fla. 33325 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY~ST-ZIP ☐ Delete TITLE ☐ Change Addition 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.

WARREN WINTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: