

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000088206

1. Entity Name
INNOVISION DESIGN, INC.

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90055 037 ***158.75

Principal Place of Business
6120 EDGEWATER DR.
K
ORLANDO FL 32810

Mailing Address
6120 EDGEWATER DR.
K
ORLANDO FL 32810-4866



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-3537349

Applied For
Not Applicable

Zip

Country

Zip

Country

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

KAISER, BRUCE L
3600 WILDER LANE
ORLANDO FL 32804

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | KAISER, BRUCE L | |
| STREET ADDRESS | 3600 WILDER LANE | |
| CITY-ST-ZIP | ORLANDO FL 32804 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | KAISER, CATHERINE | |
| STREET ADDRESS | 3600 WILDER LANE | |
| CITY-ST-ZIP | ORLANDO FL 32804 | |
| 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 | PRESIDENT | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KAISER, CATHERINE | |
| STREET ADDRESS | 3600 WILDER LANE | |
| CITY-ST-ZIP | ORLANDO, FL 32804 | |
| TITLE | SECRETARY-TREASURER | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JANE PETERSON | |
| STREET ADDRESS | 1214 MAURY RD | |
| CITY-ST-ZIP | ORLANDO, FL 32804 | |
| 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: CATHERINE KAISER 3.1.00 4072970057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)