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FILED
Aug 10, 2001 8:00 am
Secretary of State

05-23-2001 91178 031 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

P99000037314
 SOLUTION VISION, INC.

Principal Place of Business

Mailing Address

9715 W. BROWARD #341

PLANTATION, FL. 33324

2. Principal Place of Business

3. Mailing Address

9715 W. BROWARD

P.O. Box 550489

Suite, Apt. #, etc.

Suite, Apt. #, etc.

341

City & State

City & State

PLANTATION, FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33324

USA

33355

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

W. H. McCauley
~~P.O. Box 550489~~ 9715 W. Broward
~~FT. LAUDERDALE, FL 33355~~
 PLANTATION, FL. 33324

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 registering)

DATE

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!
After MAY 1, 2001
Fee will be \$350.00
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 NAME STREET ADDRESS CITY-ST-ZIP	W.H. McCauley PRESIDENT P.O. Box 550489 FT. LAUDERDALE, FL 33355	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), 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, title, or other like empowered.

SIGNATURE:

W.H. McCauley W. H. McCauley Pres 05-01-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

Attachment Doc#
P99000037316



77363

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

June 6, 2001

SOLUTIONVISION, INC.
P.O. BOX 550489
FORT LAUDERDALE, FL 33355 US

Subject: SOLUTIONVISION, INC.

Reference P99000037316
Number:

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report has not been filed and a copy is being returned for the following correction(s):

The registered agent must have a **Florida** street address.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/SG
ANNUAL REPORTS SECTION