

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 26, 2001 8:00 am
Secretary of State

02-26-2001 90526 002 ***150.00

DOCUMENT # P99000056679

1. Entity Name
VISCOUNT (USA) INC.

Principal Place of Business

Mailing Address

**94 ONGAR RD
 BRENTWOOD, ESSEX
 ENGLAND, U.K. CM159BB**

**94 ONGAR RD
 BRENTWOOD, ESSEX
 ENGLAND, U.K. CM159BB**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
c/o P.O. Box 8218

Suite, Apt. #, etc.
c/o P.O. Box 8218

City & State
Madeira Beach, Florida

City & State
Madeira Beach, Florida

Zip Country
33738 U.S.A.

Zip Country
33738 U.S.A.

4. FEI Number **59-3589965**

Applied For
 Not Applicable

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

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32304-2525**

Name **David E. Mitchell**
 Street Address (P.O. Box Number is Not Acceptable)

5666 Seminole Blvd., Suite 1

City **Seminole** FL Zip Code **33772**

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 **✓ D. Mitchell** **David E. Mitchell, Director** **✓ 13 FEB 2001**
 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, 2001 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** ☐ Delete
 NAME **MITCHELL, DAVID E**
 STREET ADDRESS **94 ONGAR RD, BRENTWOOD, ESSEX**
 CITY-ST-ZIP **ENGLAND, U.K. CM159BB**

TITLE ☒ Change ☐ Addition
 NAME **c/o P.O. Box 8218**
 STREET ADDRESS **Madeira Beach, Florida**
 CITY-ST-ZIP **33738**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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: **✓ D. Mitchell** **David E. Mitchell** **✓ 13 FEB 2001** **727-397-4614**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0632282

CR2E034 (10/00)