

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91768 012 ***150.00

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1. Entity Name
VISUAL SAFETY TECHNOLOGIES, INC.



Principal Place of Business
**780 CHERRY STREET, SUITE 1
WINTER PARK FL 32789**

Mailing Address
**RG GARVIN
768 HAROLD AVE
WINTER PARK FL 32789**

2. Principal Place of Business
768 HAROLD AVE.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

WINTER PARK, FL

Zip
32789

Country
US

Zip

Country

4. FEI Number **59-3596366**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GARVIN, R. GLENN
768 HAROLD AVE
WINTER PARK FL 32789**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *R. G. Garvin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **RIBLETT, EDWARD L**
STREET ADDRESS **1650 S. PENNSYLVANIA AVENUE**
CITY-ST-ZIP **WINTER PARK FL 32789**

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

TITLE **DST** ☐ Delete
NAME **GARVIN, R. GLENN**
STREET ADDRESS **17 ESCONDIDO CIR #239**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

TITLE **DV** ☐ Delete
NAME **PETERSON, ROBER M**
STREET ADDRESS **225 WOODLAKE DRIVE**
CITY-ST-ZIP **MAITLAND FL 32751**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *R. G. Garvin*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03
Date

407 740-5610
Daytime Phone #

CR2E034 (10/02)