

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 24, 2000 8:00 am  
Secretary of State

05-24-2000 90015 001 \*\*\*150.00  
05-24-2000 90015 002 \*\*\*\*\*8.75

DOCUMENT # P 99000103833  
Entity Name  
NOVUSION CORPORATION

Principal Place of Business Mailing Address  
8801 HUNTER'S LAKE DRIVE #924  
TAMPA, FL 33647

Principal Place of Business <u>8801 HUNTER'S LAKE DR.</u> Suite, Apt. #, etc. <u>#924</u> City & State <u>TAMPA FL</u> Zip <u>33647</u>	3. Mailing Address <u>8801 HUNTER'S LAKE DR.</u> Suite, Apt. #, etc. <u>#924</u> City & State <u>TAMPA FL</u> Zip <u>33647</u>
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4. FEI Number <u>59-3613651</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MICHAEL J. YENIGUES  
8801 HUNTER'S LAKE DRIVE #924  
TAMPA, FLORIDA 33647

7. Name and Address of New Registered Agent  
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 Michael J. Yenigues DATE 5-7-2000  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <u>PRESIDENT</u> <u>MICHAEL YENIGUES</u> <u>8801 HUNTER'S LAKE DRIVE #924</u> <u>TAMPA, FLORIDA 33647</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Michael J. Yenigues DATE 5-7-2000 813-833-4750  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/99)