

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90419 040 ***150.00

DOCUMENT # V55238

1. Entity Name

VISION INDUSTRIES, INC.

Principal Place of Business

Mailing Address

S.W. 20TH PLACE PARK CITY
LAUDERDALE FL 33324P.O. BOX 515
SAXONBURG PA 16056-0515
US**949011**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8511 SW 20th Place Park City
Suite, Apt. #, etc.P.O. Box 515
Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

SAXONBURG, PA

Zip

Country

Zip

Country

33324

USA

16056-0515

USA

4. FEI Number

65-0353907

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

TEMPLE, ANN

8511 S.W. 20TH PLACE PARK CITY
FT LAUDERDALE FL 33324

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 State10. 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	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	DP	SAIBER, MICHAEL	8511 S.W. 20TH PLACE PARK CITY FORT LAUDERDALE FL 33324	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
	VPS	CAMPBELL, TAMERA	8511 S.W. 20TH PLACE PARK CITY FORT LAUDERDALE FL 33324	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)