

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 15, 2003 8:00 am
Secretary of State

08-15-2003 90087 012 ***550.00

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DOCUMENT # V55238

1. Entity Name

VISION INDUSTRIES, INC.



Principal Place of Business

8580 SW 21ST CT
FORT LAUDERDALE FL 33324
US

Mailing Address

POST OFFICE BOX 1792
KLAMATH FALLS OR 97601
US

2. Principal Place of Business

8580 SW 21ST CT
Suite, Apt. #, etc.

3. Mailing Address

PO BOX 1792
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Fort Lauderdale, FL

City & State

Klamath Falls, OR

4. FEI Number

65-0353907

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

97601

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

TEMPLE, ANN
8580 SW 21ST CT
FORT LAUDERDALE FL 33324

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

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

TITLE ☐ Delete
NAME DP
STREET ADDRESS SAIBER, MICHAEL
CITY-ST-ZIP 8580 SW 21ST CT
FORT LAUDERDALE FL 33324

TITLE ☐ Delete
NAME VPS
STREET ADDRESS CAMPBELL, TAMERA
CITY-ST-ZIP 8580 SW 21ST CT
FORT LAUDERDALE FL 33324

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/12/03 541-273-2212

Date

Daytime Phone #

CR2E034 (4/03)