

2000 UNIFORM BUSINESS REPORT (UBR) And 2001

0134

DOCUMENT # V63478

1. Entity Name
OWN-VISION CORPORATION

Principal Place of Business

1810 2ND AVENUE
1 RN
NEW YORK NY 10128

Mailing Address

1810 2ND AVENUE
1 RN
NEW YORK NY 10128

2. Principal Place of Business

5283 DRESDEN RD
Suite, Apt. #, etc.

3. Mailing Address

5283 DRESDEN RD
Suite, Apt. #, etc.

City & State

BIRMINGHAM AL

Zip
35210-2928

Country

City & State

BIRMINGHAM AL

Zip
35210-2928

Country

4. FEI Number

65-0433389

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPDIRECT AGENTS
103 N. MERIDIAN ST.
LOWER LEVEL
TALLAHASSEE FL 32301**

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 information is true and correct 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 registering)

DATE

Agent for CorpDirect Agents

3/15/2001

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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
**PDV
GARRETT, KERRY
1810 2ND AVENUE
NEW YORK NY 10128** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PDV
GARRETT, KERRY
5283 DRESDEN RD
BIRMINGHAM, AL 35210-2928** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200003912772-3
-03/27/01--01091--022
*****500.00 *****500.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200003912772-3
-03/27/01--01091--023
*****250.00 *****250.00** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**200003912772-3
-03/27/01--01091--024
*****150.00 *****150.00** ☐ Change ☐ Addition

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

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

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/2001 (205) 951-0165

Date

Daytime Phone #

CR2E034 (5/00)