FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1 of 2

FILED

02 JUN 28 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V63478

1. Entity Name

Own Vision Corp

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
Suite. Apt. #. etc.	5283 Dresden Rd Suite. Apt. #. etc.
City & State	Birmingham, AL City & State
Zip / Country	A Zip: 35210 / Country: USA

4. FEI Number: 65-0433389 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CorpDirect Agents

Street Address (P.O. Box Number is Not Acceptable): 103 N. Meridian Street

City: Tallahassee **FL** Zip Code: 32301

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 _____ DATE

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	5283 DRESDEN RD Birmingham, AL P/D Kerry Garrett 35210
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Kerry Garrett 6/27/2002 (604) 657-6652

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Vol 2

6/27/2002

To: The Department of State

May I ask of you to waver the
fine by because I did not receive the
annual Report.

Kerry Gaskell