

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 21, 2001 8:00 am**  
**Secretary of State**

08-21-2001 90036 032 \*\*\*550.00

0108386 AT

**DOCUMENT # F96000000719**

1. Entity Name  
**H2EYE INC.**

Principal Place of Business <b>1230 PEACHTREE ST 3100          ATTN WILLIAM L MEYER          ATLANTA GA 30309          US</b>	Mailing Address <b>1230 PEACHTREE ST 3100          ATTN WILLIAM L MEYER          ATLANTA GA 30309          US</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number <b>58-2386663</b>	Applied For Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION 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.

SIGNATURE \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$550.00</b> <b>After September 12, 2001 Fee will be \$750.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DEMERS, SUSAN V</b> <b>HANNAH'S HILL</b> <b>RD TOWN, TORTOLA BRITISH VI</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>PAGE, RAYMOND</b> <b>LAS GRANDES JARDINS, LA RUE GAUCHEZ</b> <b>ST MARTIN'S, GUERNSEY</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARTON, NOEL</b> <b>HAVERS TORTOLA</b> <b>BRITISH VIRGIN ISLANDS</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BROWN, GRANT</b> <b>BUTH MOUNTAIN</b> <b>RD TOWN, TORTOLA BRITISH VI</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HYLTOH, JUDY G</b> <b>TODMAM ESTATE</b> <b>RD TOWN, TORTOLA, BRITISH VI</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LOCKET, PHILIP</b> <b>101 S ESPLANADE</b> <b>ST PETER PORT, GUERNSEY</b>	<input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORBIN, KEITH B.</b> <b>CLOS RUE FAUCONNAIRES, RUE DES FAUCONNAIRES</b> <b>ST. ANDREWS, GUERNSEY, CHANNEL ISLANDS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUQUEMIN NEAL M.</b> <b>LE BORDAGE, LA BELLEUSE</b> <b>ST. MARTIN'S, GUERNSEY, CHANNEL ISLANDS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEAGWICK, GRAHAM H.</b> <b>ROAD TOWN</b> <b>TORTOLA, BRITISH VIRGIN ISLANDS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>UNWIN, PETER C. M.</b> <b>MUTUBA HILL</b> <b>TORTOLA, BRITISH VIRGIN ISLANDS</b>	<input type="checkbox"/> Change <input checked="" 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

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 UNWIN **15/08/2001** (284) 494 8790

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

CR2E034 (5/01)