

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 04, 2002 8:00 am
Secretary of State

03-04-2002 90026 002 ***150.00

DOCUMENT # F96000000719

1. Entity Name
H2EYE INC.

Principal Place of Business

**1230 PEACHTREE ST 3100
 ATTN WILLIAM L MEYER
 ATLANTA GA 30309
 US**

Mailing Address

**1230 PEACHTREE ST 3100
 ATTN WILLIAM L MEYER
 ATLANTA GA 30309
 US**

306549



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

58-2386663

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

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

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, 2002 Fee will be \$550.00
 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	D <input type="checkbox"/> Delete
NAME	CORBIN, KEITH B
STREET ADDRESS	CLOS RUE FAUCONNAIRES
CITY-ST-ZIP	ST ANDREWS, GUERNSEY CI
TITLE	D <input type="checkbox"/> Delete
NAME	DUQUEMION, NEAL M
STREET ADDRESS	LE BOROAGE, LA' BELLEUJE
CITY-ST-ZIP	ST MARTIN'S GUERNSEY CI
TITLE	D <input type="checkbox"/> Delete
NAME	SEAGWICK, GRAHAM H
STREET ADDRESS	ROAD-TOWN
CITY-ST-ZIP	TORTOLA BRITISH VI
TITLE	D <input type="checkbox"/> Delete
NAME	UNWIN, PETER C.M.
STREET ADDRESS	MUJUBA HILL
CITY-ST-ZIP	TORTOLA, BRITISH VI
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUQUEMIN NEAL M.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDGWICK GRAHAM H.
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D BARTON NOEL
STREET ADDRESS	COURTLANDS, HAVERS
CITY-ST-ZIP	TORTOLA, BRITISH VIRGIN ISLANDS
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 DIRECTOR

FEBRUARY 14, 2002

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)