

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 12, 2003 8:00 am  
Secretary of State

02-12-2003 90110 048 \*\*\*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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **58-2386663**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 \$150.00  
After May 1, 2003 Fee will be \$550.00  
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>CORBIN, KEITH B</b> <input type="checkbox"/> Delete <b>CLOS RUE FAUCONNAIRES ST ANDREWS, GUERNSEY CI</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUQUEMIN, MEAL M</b> <input type="checkbox"/> Delete <b>LE BOROAGE, LA BELLIEUJE ST MARTIN'S GUERNSEY CI</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SEDGWICK, GRAHAM H</b> <input type="checkbox"/> Delete <b>ROAD TOWN TORTOLA BRITISH VI</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>UNWIN, PETER C.M.</b> <input type="checkbox"/> Delete <b>MUJUBA HILL TORTOLA, BRITISH VI</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BARTON, NOEL</b> <input type="checkbox"/> Delete <b>COURTLANDS HAVERS TORTOLA BRITISH VI</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DUQUEMIN, NEAL M.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LOCKETT, PHILIP B.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>LE-PERRAINE, LA RUE DES FRENES ST. MARTINS, GUERNSEY CI 4 6HP</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STOCKWELL, MARK</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>SLANEY HILL, ROAD TOWN TORTOLA, BRITISH VIRGIN ISLANDS</b>
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

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 OF REGISTERED AGENT** **PETER C.M. UNWIN** **JAN 27, 2003 (284) 494-8790**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)