

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90167 019 \*\*\*158.75

DOCUMENT # G09264

1. Entity Name

VIDEO AID CORPORATION OF FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

99 Tower Drive

Suite, Apt. #, etc.

3. Mailing Address

Fowler White Boggs Banker PA

Suite, Apt. #, etc.  
PO Box 1438

DO NOT WRITE IN THIS SPACE

City & State

Middletown, NY

City & State

Tampa, FL

4. FEI Number

59-2247648

Applied For

Not Applicable

Zip

10941

Country

USA

Zip

33602

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Cody W. Waters, Esquire

Street Address (P.O. Box Number is Not Acceptable)

Fowler White Boggs Bankers P.A.

501 E. Kennedy Blvd., #1700

City

Tampa

FL

Zip Code

33602

**DO NOT WRITE  
IN THIS SPACE**

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)

**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	PD	TITLE	
NAME	TUCKER, JAMES R.	NAME	
STREET ADDRESS	9 PARK PLACE	STREET ADDRESS	
CITY-ST-ZIP	CHESTER, NY	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	TUCKER, JOAN	NAME	
STREET ADDRESS	9 PARK PLACE	STREET ADDRESS	
CITY-ST-ZIP	CHESTER, NY	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)