


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90139 010 ***158.75

DOCUMENT # G09264

1. Entity Name
VIDEO AID CORPORATION OF FLORIDA



Principal Place of Business 99 TOWER DRIVE MIDDLETOWN, NY 10941 US	Mailing Address FOWLER, WHITE ET AL PO BOX 1438 TAMPA, FL 33602 US
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11029991



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		P.O. Box 730 Attn. J. Tucker	
City & State		City & State	
Middletown Ny		Middletown Ny	
Zip	Country	Zip	Country
10940	USA	10940	USA

4. FEI Number	Applied For
59-2247648	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	Additional Fee Required
<input checked="" type="checkbox"/>	\$8.75

6. Name and Address of Current Registered Agent

WATERS, CODY W ESQ
FOWLER, WHITE
601 E KENNEDY BLVD #1700
TAMPA, FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$160.00
After May 1, 2003 Fee will be \$560.00
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

TITLE	PD	<input type="checkbox"/> Delete
NAME	TUCKER, JAMES R	
STREET ADDRESS	9 PARK PLACE	
CITY-ST-ZIP	CHESTER, NY	
TITLE	SD	<input type="checkbox"/> Delete
NAME	TUCKER, JOAN	
STREET ADDRESS	9 PARK PLACE	
CITY-ST-ZIP	CHESTER, NY	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. 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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (10/02)

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03 Date

845-692-3333 x 307 Daytime Phone #