
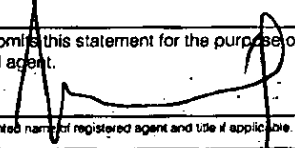



# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90145 042 \*\*\*150.00

<b>DOCUMENT #</b> P02000121844			
1. Entity Name VISION HOTELS, INC.			
Principal Place of Business 290 SAN MARCO AVE ST AUGUSTINE FL 32084		Mailing Address 290 SAN MARCO AVE ST AUGUSTINE FL 32084	
2. Principal Place of Business 2685 DOBBS RD Suite, Apt. #, etc.		3. Mailing Address 2685 DOBBS RD Suite, Apt. #, etc.	
City & State SAINT AUGUSTINE FL		City & State SAINT AUGUSTINE FL	
Zip 32086	Country USA	Zip 32086	Country USA
4. FFI Number 03-0491976		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  DUBIK, JERRY 290 SAN MARCO AVE ST AUGUSTINE FL 32084		7. Name and Address of New Registered Agent  Name JERRY DUBIK Street/Address (P.O. Box Number is Not Acceptable) 2685 DOBBS RD  City ST AUGUSTINE FL Zip Code 32086	
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 		DATE 3/6/03	
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PD NAME DUBIK, JERRY STREET ADDRESS 290 SAN MARCO AVE CITY-ST-ZIP ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME SKALOSKI, STELLA STREET ADDRESS 2250 PONCE DE LEON BLVD CITY-ST-ZIP ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME SKALOSKI, ANDRZEJ STREET ADDRESS 2250 PONCE DE LEON BLVD CITY-ST-ZIP ST AUGUSTINE FL 32084	<input type="checkbox"/> Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME DUBIK, HELEN STREET ADDRESS 290 SAN MARCO AVE CITY-ST-ZIP ST AUGUSTINE FL 32084	<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	<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	<input type="checkbox"/> Delete	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 REQUIRED JERRY DUBIK 3/6/03	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (1/07/02)