

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90012 019 ***150.00

DOCUMENT # P95000096815

1. Entity Name
VISUALS, INC.

Principal Place of Business 2187 N POWERLINE RD POMPANO BEACH FL 33069 US	Mailing Address 10450 NW 49TH PLACE CORAL SPRINGS FL 33076-1734 US
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number **65-0631980**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

UUU33893



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SHMOKLER, ROBERT
450 NW 49TH PLACE
CORAL SPRINGS FL 33076

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
V <input checked="" type="checkbox"/> Delete	TOUMEY, RICHARD 1325 NE AVE FT LAUDERDALE FL 33304	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ST <input type="checkbox"/> Delete	SHMOKLER, ROBERT 10450 NW 49TH PL CORAL SPRINGS FL 33076	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
P <input type="checkbox"/> Delete	KIESERMAN, DEBRA 10450 NW 49TH PL CORAL SPRINGS FL 33076	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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: *Robert Shmokler*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/00
 Date

954-969-9727
 Daytime Phone #

CR2E034 (9/99)