

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90170 023 \*\*\*150.00

**DOCUMENT # P00000066391**

**1. Entity Name**  
**VISUAL PLANET COMPANY**

**Principal Place of Business**

**7886 SW ELLIPSE WAY**  
**STUART FL 34997**

**Mailing Address**

**7886 SW ELLIPSE WAY**  
**STUART FL 34997**

**2. Principal Place of Business**

**1801 S. Kanner Hwy**  
 Suite, Apt. #, etc.

**3. Mailing Address**

**Same**  
 Suite, Apt. #, etc.

**City & State**

**Stuart, FL**

**City & State**

**4. FEI Number**

**65-1033293**

**Applied For**

**Not Applicable**

**Zip**

**34997**

**Country**

**USA**

**Zip**

**Country**

**5. Certificate of Status Desired**

☐

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**LUCE, TINA**

**7886 SW ELLIPSE WAY**  
**STUART FL 34997**

*Use address above*

**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.**

**SIGNATURE**

*Tina Luce*

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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**

<b>TITLE</b>	<b>P</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>LUCE, TINA</b>	
<b>STREET ADDRESS</b>	<b>7886 SW ELLIPSE WAY</b>	
<b>CITY-ST-ZIP</b>	<b>STUART FL 34997</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>VISRONTE, MICHAEL</b>	
<b>STREET ADDRESS</b>	<b>7886 SW ELLIPSE WAY</b>	
<b>CITY-ST-ZIP</b>	<b>STUART FL 34997</b>	
<b>TITLE</b>	<b>VP</b>	<input type="checkbox"/> Delete
<b>NAME</b>	<b>MAZZOTA, JASON</b>	
<b>STREET ADDRESS</b>	<b>7886 SW ELLIPSE WAY</b>	
<b>CITY-ST-ZIP</b>	<b>STUART FL 34997</b>	
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Delete
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>Tina Luce</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>1801 S. Kanner Hwy</b>	
<b>STREET ADDRESS</b>	<b>(as above)</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>Michael Visconte</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>1801 S. Kanner Hwy</b>	
<b>STREET ADDRESS</b>	<b>(as above)</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>	<b>Jason Mazzota</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>1801 S. Kanner Hwy</b>	
<b>STREET ADDRESS</b>	<b>(as above)</b>	
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**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:**

*Tina Luce* (Tina Luce)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)