

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 293080

1. Entity Name

VISUAL COMMUNICATIONS INCORPORATED

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90082 026 ***150.00

Principal Place of Business

1608 SE 1ST STREET
FORT LAUDERDALE FL 33301
US

Mailing Address

1608 SE 1ST STREET
FORT LAUDERDALE FL 33301-3923
US

2. Principal Place of Business

1608 SE 1ST ST.
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

FORT LAUDERDALE FL

City & State

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4. FEI Number

59-1206904

Applied For

Not Applicable

Zip
33301

Country

USA

Zip

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Country

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5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FOGARTY, ROBERT J
1608 SE 1ST STREET
FT. LAUDERDALE FL

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

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, 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

TITLE PD
NAME FOGARTY, R J
STREET ADDRESS 1608 SE 1ST STREET
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE ST
NAME FOGARTY, R B
STREET ADDRESS 1608 SE 1ST STREET
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE D
NAME FOGARTY, R.B.
STREET ADDRESS 1608 SE 1ST STREET
CITY-ST-ZIP FT LAUDERDALE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)