

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

FILED
Apr 24, 2007 8:00 am
Secretary of State

DOCUMENT # **293080**

1. Entity Name

Visual Communications, Inc

04-24-2007 90099 001 *****8.75

04-24-2007 90099 002 ***150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1590 NE 35 St

3. Mailing Address

1590 NE 35 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

66010690

DO NOT WRITE IN THIS SPACE

City & State

OAKLAND PARK, FL

City & State

OAKLAND PARK, FL

4. FEI Number

591206904

Applied For

☒ Not Applicable

Zip

33334

Country

BROWARD

Zip

33334

Country

BROWARD

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

ROSEMARIE B. FOGARTY

Street Address (P.O. Box Number is Not Acceptable)

1590 NE 35 St

City

OAKLAND PK

FL

Zip Code

33334

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

Rosemarie B. Fogarty

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

4-18-07

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT + DIR
JAMES A. FOGARTY
484 NE 4th Pl.
CAPE CORAL, FL 33909**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE PRESIDENT, + DIR
DANICA FOGARTY
6380 CONEJO TERR.
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ROSEMARIE B. FOGARTY
SECY-TREAS, DIRECTOR
1590 NE 35 St
OAKLAND PK, FL 33334**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosemarie B. Fogarty

4-18-07 (954) 565-4885

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)