## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## 486040 DOCUMENT #

1. Entity Name

VISIONARY TECHNOLOGIES, INC.

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FILED
Jan 21, 2003 8:00 am
Secretary of State
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01-21-2003 90170 026 \*\*\*150.00

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City & State    City & State   City & State   City & State   City & State   A. FEI Number 59-1621854   Applicable September 59-1621854   Appli	2. Principal I	Place of Business		3. Mailing Address							
Zip Country Zip Country S. Corrificate of Status Desired S. S. Additional Fee Required  6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Pee Required  8. The Abovic rearned entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Fiorida.	Suite, Apt	. #, etc.		Suite, Apt. #, etc.				☐ CHECK HERE	IF MAKING	CHANGES	5
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Second	Zip Country Zip				Coun	try	5. Certificate of Status Desired S8.75 Additional				
METRAUX_FRANCOIS D. 620 ALMOND TERR. PLANTATION FL 33317  City FL Zip Code  City FL		6. Name and Add	dress of Current Re	nistered Agent			7 Name and	Address of New I			<del></del>
METRAUX, FRANCOIS D. 6220 ALMOND TERR. PLANTATION FL 33317  City FL Zip Code  6. 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  FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  10. OFFICERS AND DIRECTORS  TITE  NAME  PTD  WARE  PTD  WARE  PANTATION FL  SIFET ADDRESS  DITY-ST-2P  PANTATION FL  Change Addition  METRAUX, GINGER C SIRET ADDRESS  CITY-ST-2P  TITE  NAME  SIRET ADDRESS  CITY-ST-2P  TITE  Charge  Addition  Charge  Charge  Charge  Addition  Charge  Charge  Addition  Charge  Charge  Charge  Addition  Charge  Cha		o	arces or content ne	gistered Agent		Name	7. Name and	Address of New	Hegisterea A	gent	
STREET ADDRESS OFF. STATE ADDRES	4457044	/ FDANGOIG D				- Name		<del></del>			
PLANTATION FL 33317  6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obtigations of registered agent.    Signature   File   Now!!   FEE   S 150,00     After May 1, 2003 Fee will be \$550,00     Make Check Payable to Florida Department of State     Till   Now!.   FEE   S 150,00     After May 1, 2003 Fee will be \$550,00     Make Check Payable to Florida Department of State     Till   Now!.   FEE   S 150,00     After May 1, 2003 Fee will be \$550,00     Make Check Payable to Florida Department of State     Till   Now!.   FEE   S 150,00     After May 1, 2003 Fee will be \$550,00     Make Check Payable to Florida Department of State     Till   Now!.   FEE   S 150,00     After May 1, 2003 Fee will be \$550,00     Make Check Payable to Florida Department of State     Till   Now!.   FEE   S 150,00     After May 1, 2003 Fee will be \$550,00     Make Check Payable to Florida Department of State     Till   Now!.   FEE   S 150,00     After May 1, 2003 Fee will be \$550,00     Make Check Payable to Florida Department of State     Till   Now.   FEE   S 150,00     After May 1, 2003 Fee will be \$550,00     Make Check Payable to Florida Department of State     Till   Now.   FEE   Now.   FEE   Now.   FEE   Now.     Make Check Payable to Florida Department of State     Till   Now.   FEE   Now.   FEE   Now.   FEE   Now.     Till   Now.   FEE   Now.   FEE   Now.   FEE   Now.     Till   Now.   FEE   Now.   FEE   Now.     Till   Now.   FEE   Now.   FEE   Now.   FEE   Now.     Till   Now.   F		•				Street Address	(PO Boy Number	r is Not Acceptable	۵)		
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR