2002 UNIFORM BUSINESS REPORT (UBR)

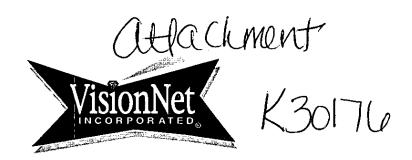
Sep 19, 2002 8:00 am Secretary of State K30176 DOCUMENT # 1. Entity Name 09-19-2002 90159 016 ***150 00 VISIONNET, INC. Principal Place of Business Mailing Address UULUUU-541-N-UMATILLA BLVD 17250 3E 260 PO BOX 2466 Aue Rd 17001 SW-40TH ST. 17801 CW 40TH ST. **UMATILLA FL 32784** UMATILLA FL 32784 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0067893 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 541 N UMATILLA BLVD 17250 SE 260 Aue Rol. CARRILLO, LOUIS Street Address (P.O. Box Number is Not Acceptable) **UMATILLA FL 32784** City 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. I am familiar with, and accept the obligations of registered agent. 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 FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition 541 N UMATILLA BLVD 17250 SE 260 AVERS NAME NAME STREET ADDRESS STREET ADDRESS **UMATILLA FL 32784** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Addition 541 N UMATILLA BLVD 17250 SE 260 Ave Rd NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **UMATILLA FL 32784** CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 of 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

an address

FILED



DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
PO BOX 1500
TALLAHASSEE, FL 32302-1500

THIS IS THE FIRST NOTICE OF NEEDING TO PAY THIS DOCUMENT.
THE DUE DATE ON IT WAS SEPT. 25. I NEVER RECEIVED A PREVIOUS
NOTICE. I MADE A PHONE CALL AND THE RECEPTIONIST SAID I
SHOULD PAY \$150.00.
I KNOW THAT THE DOCUMENT SHOULD BE \$50.00.
PLEASE TAKE INTO CONSIDERATION THAT I NEVER RECEIVED A FIRST
NOTICE AND REIMBURSE ME IF YOU WILL.
THANK YOU FOR YOUR CONSIDERATIONS.

GOD BLESS, LOUIS R. CARRILLO