

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 19, 2002 8:00 am
Secretary of State

09-19-2002 90159 016 ***150.00

DOCUMENT # K30176

1. Entity Name
VISIONNET, INC.

Principal Place of Business

541 N UMATILLA BLVD 17250 SE 260 Ave Rd
47801 SW 46TH ST.
UMATILLA FL 32784
US

Mailing Address

PO BOX 2486
47801 SW 46TH ST.
UMATILLA FL 32784
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0067893

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARRILLO, LOUIS

541 N UMATILLA BLVD 17250 SE 260 Ave Rd.
UMATILLA FL 32784

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. 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
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME **P**
 STREET ADDRESS **CARRILLO, LOUIS R.**
 CITY-ST-ZIP **541 N UMATILLA BLVD 17250 SE 260 Ave Rd**
UMATILLA FL 32784

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

TITLE ☐ Delete
 NAME **V**
 STREET ADDRESS **CARRILLO, KATHLEEN**
 CITY-ST-ZIP **541 N UMATILLA BLVD 17250 SE 260 Ave Rd**
UMATILLA FL 32784

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

TITLE ☐ Delete
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 CITY-ST-ZIP

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

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 #

9/19/02 352-669-4279

CR2E034 (4/02)

Attachment



K30176

**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**