

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2001 8:00 am**  
**Secretary of State**

02-08-2001 90150 017 \*\*\*150.00

**DOCUMENT # K54499**

1. Entity Name

**VISION PROPERTIES, INC.**

Principal Place of Business

**354 GEORGETOWN DR  
 CASSELBERRY FL 32707  
 US**

Mailing Address

**PO BOX 150279  
 ALTAMONTE SPRINGS FL 32715-279  
 US**

2. Principal Place of Business \*

**135 W. PINEVIEW ST.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

**ALTAMONTE SPRINGS, FL**

City & State

Zip

Country

**32714**

**USA**

4. FEI Number **65-0091146**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SALISBURY, DAVID A  
 626 ORANGE DR # 242  
 ALTAMONTE SPRINGS FL 32701**

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

*David Salisbury*

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

(NOTE: Registered Agent signature required when reinstating)

**1/15/01**  
 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, 2001 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 **DVP** ☐ Delete  
 NAME **SALISBURY, DAVID A**  
 STREET ADDRESS **626 ORANGE DR # 242**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **DP** ☐ Delete  
 NAME **SALISBURY, PUSADEE R**  
 STREET ADDRESS **626 ORANGE DR # 242**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE **DST** ☒ Delete  
 NAME **SALISBURY, BYRON M**  
 STREET ADDRESS **3202 MORNING GLORY CT**  
 CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DVP ST** ☒ Change ☐ Addition  
 NAME **SALISBURY, DAVID A**  
 STREET ADDRESS **626 ORANGE DR. # 242**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

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

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

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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:

*David Salisbury*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/15/01**  
 Date

**(407) 767-5304**  
 Daytime Phone #

CR2E034 (10/00)