

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# K54499

FILED
Aug 30, 2003
Secretary of State

Entity Name: VISION PROPERTIES, INC.

Current Principal Place of Business:

135 W PINEVIEW ST
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 150279
ALTAMONTE SPRINGS, FL 32715279 US

New Mailing Address:

FEI Number: 65-0091146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALISBURY, BYRON M
626 ORANGE DR. #242
ALTAMONTE SPRINGS, FL 32701 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVST () Delete
Name: SALISBURY, DAVID A
Address: 626 ORANGE DR # 242
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: DP () Delete
Name: SALISBURY, PUSADEE R
Address: 626 ORANGE DR # 242
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: SALISBURY, BYRON
Address: P.O. BOX 150279
City-St-Zip: ALTAMONTE SPRINGS, FL 327150279

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BYRON M SALISBURY

D

08/30/2003

Electronic Signature of Signing Officer or Director

Date