

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000010337

1. Entity Name  
**VISUAL CONCEPTS OF FLORIDA, LLC**

Principal Place of Business Mailing Address  
**4640 CLEVELAND HEIGHTS BLVD.** **4640 CLEVELAND HEIGHTS BLVD.**  
**LAKELAND FL 33813** **LAKELAND FL 33813**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-3734386** Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ANDERSON, JON H ESQ.**  
**ANDERSON & ARTIGLIERE, P.A.**  
**4927 SOUTH FORK DR.**  
**LAKELAND FL 33813**

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. 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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By September 25, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **SHARON S. HAEUSLER**  
STREET ADDRESS **4640 CLEVELAND HTS. BLVD.**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE **MGR** ☐ Delete  
NAME **JAMES SURRENCY**  
STREET ADDRESS **4640 CLEVELAND HTS. BLVD.**  
CITY-ST-ZIP **LAKELAND, FL 33813**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**7/12/02** **863-646-7166**

Date Daytime Phone #

**FILED**  
**Jul 21, 2002 8:00 am**  
**Secretary of State**

07-21-2002 90014 031 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

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CR2E083 (4/02)