

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90998 010 ***150.00

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DOCUMENT # **L37477**

1. Entity Name

VISUAL WINGS, INC.



Principal Place of Business

**2015 KEYSTONE BLVD
PO BOX 612214
NORTH MIAMI FL 33181**

Mailing Address

**C/O ANNE-MARIE LARZELERE
PO BOX 612214
NORTH MIAMI FL 33261**

2. Principal Place of Business

21412 Rollingwood Trl

3. Mailing Address

PO Box 1256

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

EUSTIS FL

City & State

Mount Dora, FL

Zip

32736

Country

Lake

Zip

32756

Country

Lake

4. FEI Number

59-3031129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**LARZELERE, ANNE-MARIE
2015 KEYSTONE BLVD
KEYSTONE POINT
NORTH MIAMI FL 33181**

7. Name and Address of New Registered Agent

Name

Thomas Harter

Street Address (P.O. Box Number is Not Acceptable)

21412 Rollingwood trail

City

EUSTIS

FL

Zip

32736

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

Thomas L. Harter

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

(NOTE: Registered Agent signature required when reinstating)

4/28/03

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HARTER, ANNE-MARIE	
STREET ADDRESS	2015 KEY STONE BLVD	
CITY-ST-ZIP	NORTH MIAMI FL 33181	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Thomas Harter	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PO Box 1256	
STREET ADDRESS	Mount Dora, FL	
CITY-ST-ZIP	32756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Thomas L. Harter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

352-357-2632

Daytime Phone #

CR2E034 (10/02)