

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96434

1. Entity Name

VISIONARY PUBLISHING, INC.

Principal Place of Business

16015 SW FARM RD #2
INDIANTOWN FL 34956
US

Mailing Address

P.O. BOX 691867
ORLANDO FL 32869-1867
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 58-1807031

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRADSHAW, TAYLOR
11214 SHER LANE
ORLANDO FL 32836

7. Name and Address of New Registered Agent

Name ALISON ROSE

Street Address (P.O. Box Number is Not Acceptable)
8628 VISTA LAKE LANE
#1211

City ORLANDO

FL

Zip Code 32821

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

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 \$150.00
After MAY 1, 2000 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 D
NAME PURSEL, JACH
STREET ADDRESS 12179 S APOPKA VINELAND RD #138
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE D
NAME NORTH, PENY
STREET ADDRESS 12179 S APOPKA VINELAND RD, #136
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE D
NAME NORTH, MICHAELL
STREET ADDRESS 12179 S APOPKA VINELAND RD, #136
CITY-ST-ZIP ORLANDO FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS 12179 S. APOPKA-VINELAND RD.
CITY-ST-ZIP PHB #136 ORLANDO, FL 32836

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

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 #

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90006 029 ***150.00



DO NOT WRITE IN THIS SPACE

2-09-00 407-876-181