

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90578 013 ***150.00

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
 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

7. Name and Address of New Registered Agent

**ROSE, ALISONN
 8628 VISTA LAKE LN
 #1211
 ORLANDO FL 32821**

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

ALISONN ROSE

Alisonn Rose

1/30/01

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
 NAME **PURSEL, JACH**
 STREET ADDRESS **12179 S APOPKA VINELAND RD., PMB 136**
 CITY-ST-ZIP **ORLANDO FL**

TITLE **12179 S APOPKA VINELAND RD** ☐ Change ☐ Addition
 NAME **PMB 136**
 STREET ADDRESS **ORLANDO, FL 32834**
 CITY-ST-ZIP

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

TITLE **..** ☒ Change ☐ Addition
 NAME **PMB # 136**
 STREET ADDRESS **ORLANDO, FL 32834**
 CITY-ST-ZIP

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

TITLE **..** ☒ Change ☐ Addition
 NAME **PMB # 136**
 STREET ADDRESS **ORLANDO, FL 32834**
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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 CITY-ST-ZIP

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:

JACH PURSEL

JACH PURSEL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-01-01

Date

407-876-1876

Daytime Phone #

CR2E034 (10/00)