

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Sep 02, 2002 8:00 am
Secretary of State

05-27-2002 90289 048 ****61.25

DOCUMENT # N96000005443

1. Entity Name

PARTNERS OF VISIONS, INC.

Principal Place of Business

**732 PROSPECT AVENUE
 FT MYERS FL 33905**

Mailing Address

**732 PROSPECT AVENUE
 FT MYERS FL 33905**

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

59-3311637

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**GRIMSLEY, ELDER E
 732 PROSPECT AVENUE
 FT MYERS FL 33905**

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMSLEY, ELDER E	
STREET ADDRESS	732 PROSPECT AVE.	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMSLEY, BRENDA J	
STREET ADDRESS	732 PROSPECT AVE.	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	TURNER, DARLENE	
STREET ADDRESS	4701 11 LAKESIDE CLUB BLVD.	
CITY-ST-ZIP	FT MYERS FL 33905	
TITLE	D	<input type="checkbox"/> Delete
NAME	HANSEN, PAULA	
STREET ADDRESS	2932 POWELL ST.	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	D	<input type="checkbox"/> Delete
NAME	KNIGHT, EDDIE J	
STREET ADDRESS	3529 DR. MLK BLVD.	
CITY-ST-ZIP	FT MYERS FL 33916	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHAPMAN, ANTHONY SR	
STREET ADDRESS	302+ ROYAL PALM AVE.	
CITY-ST-ZIP	FT MYERS FL 33901	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Figgers, Curtis	
STREET ADDRESS	64 Seminole Court	
CITY-ST-ZIP	Fort Myers, FL 33905	
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 617, 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: Brandon Grimsley REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02

Date

941-693-5672

Daytime Phone #

CR2E037 (9/01)