

9/4.

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Sep 22, 2002 8:00 am
Secretary of State

09-04-2002 90090 007 ****61.25

DOCUMENT # N98000000491

1. Entity Name

VISIONARY ALTERNATIVES, INC.

Principal Place of Business

Mailing Address

6022 N.W. 32ND COURT
BOCA RATON FL 334966022 N.W. 32ND COURT
BOCA RATON FL 33496

2. Principal Place of Business

3. Mailing Address

20913 St Andrews Blvd

20913 St Andrews Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

52

52

City & State

City & State

Boca Raton, FL

Boca Raton, FL

Zip

Country

Zip

Country

33433

U.S.A.

33433

U.S.A.

4. FEI Number

65-0824469

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

TOBAL, JANE PRES
6022 N.W. 32ND COURT
BOCA RATON FL 33496

Name Jane Tobal Pres

Street Address (P.O. Box Number is Not Acceptable)
20913 St Andrews Blvd #52

City Boca Raton

FL

Zip Code

33433

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

8-27-02

After September 13, 2002,
min. will be \$236.25.9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRES	<input type="checkbox"/> Delete
NAME	TOBAL, JANE	
STREET ADDRESS	6022 N.W. 32ND COURT	
CITY-ST-ZIP	BOCA RATON FL 33496	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	20913 St Andrews Blvd #52	
CITY-ST-ZIP	Boca Raton, FL 33433	

TITLE	D	<input type="checkbox"/> Delete
NAME	GRAY, LEILA	
STREET ADDRESS	1500 ARGYLE DRIVE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33312	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Delete
NAME	SNYDER, SAM DR.	
STREET ADDRESS	4101 NW 4TH STREET SUITE 209	
CITY-ST-ZIP	PLANTATION FL 33317	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1150 N. 35 Avenue	
CITY-ST-ZIP	Hollywood, FL 33022	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ZELLER, LORI DR.	
STREET ADDRESS	5967 MICHAUX STREET	
CITY-ST-ZIP	BOCA RATON FL 33433	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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"/> Delete
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jane Tobal

Date

Daytime Phone #

8-27-02

561-477-5566

CR2E037 (4/02)