

2001 UNIFORM BUSINESS REPORT (UBR)

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FILED

01 SEP 10 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE *09-01488*

DOCUMENT # N98000005218

1. Entity Name
VISIONS COMPETITION TEAM, INC.

Principal Place of Business Mailing Address
840 Deltona Blvd. 269 Bayou Circle
Deltona, Fla 32725 DeBary Fla 32713

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 **59-3541608** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
Shellen M. Harkcom
269 Bayou Circle
DeBary, Fla 32713

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 _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when re-registering)

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President / Secretary Shellen M. Harkcom 269 Bayou Circle DeBary Fla 32713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000004594410 -09/17/01--01078--012 ****192.50 ****192.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete Michael R Harkcom 269 Bayou Circle DeBary Fla 32713	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete Dorrah M. Webb 5209 SW 8th Place Cape Coral Fla 33914	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Michael R. Harkcom* **MICHAEL R. HARKCOM** 5/28/01 407-753-9998 or

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

321 403-7934

Attachment

N98 000005218

Pg. 2 of 2

MICHAEL R. HARKCOM

269 Bayou Circle
DeBary, Fla. 32713
407-753-9998

May 29, 2001

Uniform Business Report
Divisions of Corporations
PO Box 1500
Tallahassee, Fla. 32302-1500

Dear Friend,

As per my discussion with one of your phone representatives earlier this week, please find the attached check for \$183.75 and a 2001 UBR that I downloaded from your website. I never received a notice in 1999. I have also attached an additional check for a certificate of status.

Sincerely,



Michael R. Harkcom

Visions Competition Team Inc.