

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000044727

1. Entity Name

VISIONPLUS, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90026 030 ***150.00

Principal Place of Business

C/O THEODORE F. BRILL, P.A.
8211 W BROWARD BLVD. SUITE 360
PLANTATION FL 33324

Mailing Address

C/O THEODORE F. BRILL, P.A.
8211 W BROWARD BLVD. SUITE 360
PLANTATION FL 33324

2. Principal Place of Business

9040 W. 84 - State Road

3. Mailing Address

9040 W SR 84

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

FT LAUD FL

City & State

FT. LAUDERDALE FL

4. FEI Number

65-1012151

Applied For

Not Applicable

Zip

33324

Country

USA

Zip

33324

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BRILL, THEODORE F ESQ
C/O THEODORE F. BRILL, P.A.
8211 W BROWARD BLVD. SUITE 360
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

GREG STEAD

Street Address (P.O. Box Number is Not Acceptable)

5511 NAWICKS BLUFF AVE

City

DAVIE

FL

Zip Code

33331

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)

3/10/01
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP
PRES GREG STEAD 5511 NAWICKS BLUFF AVE DAVIE FL 33331 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
DAVIE FL 33331 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP
VP TONN R. DAVIS 2111 SW 97 LN FT. LAUD FL 33324 ☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

TITLE NAME 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 CITY-ST-ZIP ☐ Change ☐ Addition

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

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TITLE NAME STREET ADDRESS 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

3/10/01 954 475-0636

Date

Daytime Phone #

CR2E034 (10/00)

0267781