

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 04, 2001 8:00 am
Secretary of State

05-04-2001 90054 042 ***150.00

DOCUMENT # P00000065741

1. Entity Name

VISUAL VENTURE PRODUCTIONS OF NAPLES, INC.

Principal Place of Business

Mailing Address

**4110 ENTERPRISES AVE #110
NAPLES FL 34104**

**4110 ENTERPRISES AVE #110
NAPLES FL 34104**

2. Principal Place of Business

3. Mailing Address

2025 RIVER REACH DR. #362

2025 RIVER REACH DR. #362

Suite, Apt. #, etc.

Suite, Apt. #, etc.

NAPLES FL

NAPLES, FL

City & State

City & State

Zip
34104

Country
U.S.A.

Zip
34104

Country
USA

4. FEI Number

59-3658045

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

**PINTER, MICHAEL R ESQ
4328 CORPORATE SQUARE STE C
NAPLES FL 34104**

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

Jason P. Bourque

4-26-01

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 ☐ Delete
NAME **D**
STREET ADDRESS **BOURQUE, JASON**
CITY-ST-ZIP **255 MANOR BLVD #2011
NAPLES FL 34112**

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **BOURQUE JASON**
CITY-ST-ZIP **2025 RIVER REACH DR. #362
NAPLES, FL. 34104**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Jason P. Bourque
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-01
Date

Daytime Phone #

CR2E034 (10/00)