

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90265 008 ***150.00

DOCUMENT # 000000083876 ✓

1. Entity Name
 Visual Enterprises and Concepts Inc

Principal Place of Business
 4100 Evans ave suite 1
 Ft. Myers, FL 33901

Mailing Address
 4100 Evans ave suite 1
 Ft. Myers, FL 33901

00067993

2. Principal Place of Business
 4100 Evans ave
 Suite, Apt. #, etc.
 1

3. Mailing Address
 4100 Evans ave
 Suite, Apt. #, etc.
 1

DO NOT WRITE IN THIS SPACE

City & State
 Ft. Myers, FL
 Zip
 33901
 Country
 US

City & State
 Ft. Myers, FL
 Zip
 33901
 Country
 US

4. FEI Number
 59-3476205

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

Rasheed Idlette
 4100 Evans ave 1
 Ft. Myers, FL 33901

7. Name and Address of New Registered Agent

Name
 Yoruba Idlette
 Street Address (P.O. Box Number is Not Acceptable)
 9842 Bernwood Place Drive apt. 208
 City
 Ft. Myers FL Zip Code
 33912

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

4/30/01
 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
 President
 Yoruba Idlette
 9842 Bernwood Place Drive apt 208
 Ft. Myers, FL 33912 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Delete

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 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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 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

Date 4/30/01 Daytime Phone #

CR2E034 (11/00)