

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
 04-17-2001 90127 041 ***150.00

0540343

DOCUMENT # P00000094204

1. Entity Name
VISIBLE IMAGE, INC.

Principal Place of Business
**860 12TH AVENUE SOUTH
 NAPLES FL 34106**

Mailing Address
**P.O. BOX 3392
 NAPLES FL 34106**

2. Principal Place of Business
3200 Matecumbe Key Rd.
 Suite, Apt. #, etc.

3. Mailing Address
Same
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
Punta Gorda, FL
 Zip
33955 Country
Charlotte

City & State

4. FEI Number
65-1047002

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**MAHER, ELLEN S
 1072 GOODLETTE ROAD NORTH
 NAPLES FL 34102**

7. Name and Address of New Registered Agent

Name
Ellen S. Maher
 Street Address (P.O. Box Number is Not Acceptable)
201 West Marion Ave.
Suite 104
 City
Punta Gorda **FL** Zip Code
33950

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)

DATE

4/6/01

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
**PTD
 FRAME, BRUCE A
 P.O. BOX 3392 3200 Matecumbe Key Rd
 NAPLES FL 34106 Punta Gorda, FL 33955**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SVD
 MAHER, ELLEN S
 P.O. BOX 3392 3200 Matecumbe Key Rd
 NAPLES FL 34106 Punta Gorda, FL 33955**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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 CITY-ST-ZIP
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☐ 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

Bruce A. Frame

4/6/01

Date

941-505-1435

Daytime Phone #

CR2E034 (10/00)