

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2002 8:00 am
Secretary of State

03-24-2002 90007 018 ***150.00

DOCUMENT # P00000094204

1. Entity Name
VISIBLE IMAGE, INC.

Principal Place of Business
3200 MATECUMBE KEY RD.
PUNTA GORDA FL 33955

Mailing Address
3200 MATECUMBE KEY RD.
PUNTA GORDA FL 33955

2. Principal Place of Business
3180 La Costa Circle

3. Mailing Address
3180 La Costa Circle

Suite, Apt. #, etc.
304

Suite, Apt. #, etc.
304

City & State
Naples, FL

City & State
Naples, FL

Zip
34105

Country

Zip
34105

Country



DO NOT WRITE IN THIS SPACE

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 ESQ.
1625 W. MARION AVENUE
SUITE 2
PUNTA GORDA FL 33950

7. Name and Address of New Registered Agent

Name **Ellen S. Maher, Esq**
Street Address (P.O. Box Number is Not Acceptable) **1100 E. FL Ave. S.**
Suite 301
City **Naples** **FL** **Zip Code** **34102**

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

2-12-02

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, 2002 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 **PTD** ☐ Delete
NAME **FRAME, BRUCE A**
STREET ADDRESS **3200 MATECUMBE KEY RD**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **SVD** ☐ Delete
NAME **MAHER, ELLEN S**
STREET ADDRESS **3200 MATECUMBE KEY RD**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTD** ☒ Change ☐ Addition
NAME **Frame, Bruce A.**
STREET ADDRESS **3180 La Costa Circle #304**
CITY-ST-ZIP **Naples, FL 34105**

TITLE **SVD** ☒ Change ☐ Addition
NAME **Maher, Ellen S.**
STREET ADDRESS **3180 La Costa Circle #304**
CITY-ST-ZIP **Naples, FL 34105**

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

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

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

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:

SIGNATURE REQUIRED **BRUCE A. FRAME** **2/13/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)