

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90166 014 ***150.00

DOCUMENT # P00000098048

1. Entity Name
VISUAL STRATEGIES, INC.

Principal Place of Business
54 PHILLIPS AVENUE
PONTE VEDRA FL 32082

Mailing Address
54 PHILLIPS AVENUE
PONTE VEDRA FL 32082

A0067387



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
660 LINTON BLVD
 Suite, Apt. #, etc.
SUITE 200A
 City & State
DELRAY BEACH, FL
 Zip
33444 Country
PALEMBACH

3. Mailing Address
660 LINTON BLVD
 Suite, Apt. #, etc.
SUITE 200A
 City & State
DELRAY BEACH, FL
 Zip
33444 Country
PALEMBACH

4. FEI Number
59-3677385

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent
 Name
BRUCE MARCHIN
 Street Address (P.O. Box Number is Not Acceptable)
660 LINTON BLVD, SUITE 200A
 City
DELRAY BEACH FL Zip Code
33444

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 **CEO** **4/27/01**
 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCLELLAND, WHITNEY 54 PHILLIPS AVENUE PONTE VEDRA FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MARCHINI, SCOT 54 PHILLIPS AVENUE PONTE VEDRA FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DRYEN, RAY 54 PHILLIPS AVENUE PONTE VEDRA FL 32082	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARCHIN, BRUCE 54 PHILLIPS AVENUE PONTE VEDRA FL 32082	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RAY, DRYEN 660 LINTON BLVD, STE 200A DELRAY BEACH, FL 33444	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	660 LINTON BLVD, STE 200A DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHAIRMAN/DIRECTOR 660 LINTON BLVD DELRAY BEACH, FL 33444	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: **CEO**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01
 Date Daytime Phone #

CR2E034 (10/00)