

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 02, 2003 8:00 am**  
**Secretary of State**

09-02-2003 90192 002 \*\*\*550.00

**DOCUMENT # P00000103201**

**1. Entity Name**  
**VISION DEVELOPMENT AND CONSTRUCTION, INC.**



**Principal Place of Business**  
**5147 COMMERCIAL WAY**  
**SPRING HILL FL 34606**

**Mailing Address**  
**5147 COMMERCIAL WAY**  
**SPRING HILL FL 34606**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number 59-3680042**

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$8.75 Additional Fee Required**

☒ CHECK HERE IF MAKING CHANGES



**6. Name and Address of Current Registered Agent**

**ADRIAN, BRIAN D**  
**4214 SWEET BAY CT**  
**SPRING HILL FL 34607**

**7. Name and Address of New Registered Agent**

Name **Douglas R. Adrian**

Street Address (P.O. Box Number is Not Acceptable)

**5147 Commercial way**

City **Spring Hill**

FL

Zip Code **34606**

**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. I am familiar with, and accept the obligations of registered agent.**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

**Douglas R. Adrian UPS**

(NOTE: Registered Agent signature required when reinstating)

**8-29-03**

DATE

**FILE NOW!!! FEE IS \$580.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE **DPT** ☐ Delete  
NAME **ADRIAN, BRIAN D**  
STREET ADDRESS **4214 SWEET BAY CT**  
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE **DVAS** ☐ Delete  
NAME **ADRIAN, DOUGLAS R**  
STREET ADDRESS **4214 SWEET BAY CT**  
CITY-ST-ZIP **SPRING HILL FL 34607**

TITLE **DS** ☒ Delete  
NAME **SALEH, MOHAMED I**  
STREET ADDRESS **6039 LAKE MEADOWS DR**  
CITY-ST-ZIP **BROOKSVILLE FL 34601**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

TITLE **DVS** ☒ Change ☐ Addition  
NAME **Adrian, Douglas R**  
STREET ADDRESS **7347 Allen DR**  
CITY-ST-ZIP **Weeki Wachee, FL 34613**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED** **Douglas R. Adrian** **8-29-03** **352-597-9535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (4/03)