

# 2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

06-14-2001 90010 026 \*\*\*150.00  
07-25-2001 90015 017 \*\*\*\*61.25  
FILED P00000115258

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # P00000115258

1. Entity Name

Vision Marketing Enterprises, Inc.

Principal Place of Business

Mailing Address

P.O. Box 691826  
Orlando, FL 32869

P.O. Box 691826  
Orlando, FL 32869

2. Principal Place of Business

P.O. Box 691826

3. Mailing Address

P.O. Box 691826

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

59-3683908

Applied For

Not Applicable

Zip

32869

Country

USA

Zip

32869

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Domenic Spinto  
7650 Chapel Hill Dr.  
Orlando, FL 32819

Name Bruce Jackson  
Street Address (P.O. Box Number is Not Acceptable)  
1169 Ballyshannon Parkway

City Orlando, FL Zip Code 32828

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)

President

7/12/01

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME Michael Spinto ☒ Delete  
STREET ADDRESS 7650 Chapel Hill Dr  
CITY-ST-ZIP Orlando, FL 32819

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME President ☐ Change ☒ Addition  
STREET ADDRESS Bruce Jackson  
CITY-ST-ZIP 1169 Ballyshannon Parkway  
Orlando, FL 32828

TITLE NAME Vice President ☐ Change ☐ Addition  
STREET ADDRESS David Raizer  
CITY-ST-ZIP 2548 Tryon Pl.  
Windermere, FL 34788-3414 No change

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

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

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

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/12/01 4073826951

CR2E034 (11/00)