

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P01000012020**

1. Entity Name

VISION TRAVEL OF PINELLAS COUNTY, INC.

06-25-2002 90451 028 ***500.00
FILED P01000012020

02 NOV 12 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B0120012

Principal Place of Business

**9774 INDIAN KEY TRAIL
SEMINOLE FL 33776**

Mailing Address

**9774 INDIAN KEY TRAIL
SEMINOLE FL 33776**

2. Principal Place of Business

3. Mailing Address

P.O. Box 7338

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Seminole, Florida

Zip

Country

Zip

Country

33775

USA

4. FEI Number

59-3693426

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BROWN, VICTORIA L
9774 INDIAN KEY TRAIL
SEMINOLE FL 33776**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 re-registering)

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, VICTORIA L 9774 INDIAN KEY TRAIL SEMINOLE FL 33776	<input type="checkbox"/> Delete
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**000009083680
11/19/02--01069--003 ***50.00**

CR2E034 (9/01)

3. 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

June 10, 02 727-595-1589
Date Daytime Phone #

Vision Travel

P.O. Box 7338
Seminole, Florida 33775

Phone 727-595-1589
Fax: (727) 595-3879

November 6, 2002

Dear Department of Corporations,

This letter is to let you know that I did not receive the reject letter.
Enclosed is the \$50.00 still owed.

Sincerely,



Victoria Brown