

5/24/2002-91318-02
* 6/20/2002-90063-

FILED
Jul 11, 2002 8:00 am
Secretary of State

06-20-2002 90063 008 *****8.75
05-24-2002 91318 028 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000068930

1. Entity Name
VISIONS TO BOWL, INC.

Principal Place of Business
**P O BOX 774
LOXAHATCHEE FL 33470**

Mailing Address
**P O BOX 774
LOXAHATCHEE FL 33470**

2. Principal Place of Business
13263-49th St, NORTH
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Royal Palm Beach, FL
Zip
33411 Country
U.S.A.

City & State
Zip

Country

4. FBI Number
04-36118

Applied For
☒ Not Applicable

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

**MILTON, ANN
2389 SUNSET DRIVE
WEST PALM BEACH FL 33406**

Name
MILTON, ANN
Street Address (P.O. Box Number is not acceptable)
13263-49th St, NORTH
City
Royal Palm Beach FL Zip
33411

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 state if acceptable.

(NOTE: Registered Agent signature required when 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

TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	☐ Delete
	PD			
	MILTON, ANN			
	P O BOX 774			
	LOXAHATCHEE FL 33470			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

CR2004 (9/01)

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 OF REGISTERED AGENT
ANN MILTON

DATE

Daytime Phone #

4/17/02

386-0154