

2002 UNIFORM BUSINESS REPORT (UBR)

5/2

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-20-2002 90023 019 ***150.00

DOCUMENT # P01000082370

1. Entity Name

VISION 1 PAINTING AND DECORATING, INC.

Principal Place of Business

**8668 NAVARRE PKWY., #343
 NAVARRE FL 32566**

Mailing Address

**8668 NAVARRE PKWY., #343
 NAVARRE FL 32566**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-3739268**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**LYNCHARD, R. LANE
 1811 ALHAMBRA ST.
 NAVARRE FL 32566**

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 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, 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 **D**
 NAME **HOFFMAN-JACKSON, GAIL**
 STREET ADDRESS **7151 RIVERVIEW ST.**
 CITY-ST-ZIP **NAVARRE FL 32566**
☒ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D**
 NAME **HOFFMAN, David**
 STREET ADDRESS **7151 RIVERVIEW ST**
 CITY-ST-ZIP **NAVARRE FL 32566**
☒ Change ☐ Addition

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

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 CITY-ST-ZIP
☐ Change ☐ 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:

David B. Hoffman

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/02 (50) 939-9701

Date

Daytime Phone #

CR2E034 (9/01)