2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

P01000090577 DOCUMENT

1. Entity Name



Mar 20, 2003 8:00 am & Secretary of State **FILED**

03-20-2003 90108 038 ***150.00

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VISUAL CONNECTIONS, INC. Principal Place of Business Mailing Address 10263 WHISPERING FOREST DRIVE. APT 915 10263 WHISPERING FOREST DRIVE, APT 915 والتبير فأفيد بالمارد المها JACKSONVILLE FL 32257 JACKSONVILLE FL 32257 NEW) ADDRESS 3. Mailing Address 773 HAZELMOOR LANE 77.3 -HAZELMOOR LANE Suite, Apt. #, etc. Suite, Apt. #, etc ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 58-2650038 St. AUGUSTINE Not Applicable St.Augus Country \$8.75 Additional 5. Certificate of Status Desired 3**2**095 usa 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEIL, LUCILLE Street Address (P.O. Box Number is Not Acceptable) 10263 WHISPERING FOREST DRIVE, APT 915 JACKSONVILLE FL 32257 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE ☐ Addition NAME HEIL, LUCILLE NAME STREET ADDRESS 10263 WHISPERING FOREST DRIVE, APT 915 SEFET ADDRESS SITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32257 TITLE ☐ Detete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THTLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

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 (ike empowered.

Date

Daytime Phone #