

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90666 046 ***150.00

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

DOCUMENT # P01000112522

1. Entity Name

Visionary Studio, Inc

DO NOT WRITE IN THIS SPACE

80064405

2. Principal Place of Business

8735 N. Wick Pl

Suite, Apt. #, etc.

3. Mailing Address

8735 N. Wick Pl

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa FL

City & State

Tampa, FL

4. FEI Number

59-3759581

Applied For

Not Applicable

Zip

Country

33604 USA

Zip

Country

33604 USA

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Adriana M. Riedel

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

8735 N. Wick Pl

City

Tampa

FL

Zip Code

33604

**DO NOT WRITE
IN THIS SPACE**

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

Adriana M. Riedel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when remouing)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 President
NAME Roger C. Riedel
STREET ADDRESS 8735 N. Wick Pl
CITY-ST-ZIP Tampa, FL 33604

TITLE Vice-President
NAME Adriana Riedel
STREET ADDRESS 8735 N. Wick Pl
CITY-ST-ZIP Tampa, FL 33604

TITLE Treasurer/Secretary
NAME Adriana Riedel
STREET ADDRESS 8735 N. Wick Pl
CITY-ST-ZIP Tampa FL 33604

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 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

TELEPHONE #

4/1/02 813-989-9499

CR2E034B (12/01)