

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90076 035 ***150.00

DOCUMENT # P01000112522

1. Entity Name
VISIONARY STUDIO, INC.



Principal Place of Business
**8735 N WICK PL
TAMPA FL 33604-2305**

Mailing Address
**8735 N WICK PL
TAMPA FL 33604-2305**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3759582**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RIEDEL, ADRIANA
8735 N WICK PL
TAMPA FL 33604-2305**

7. Name and Address of New Registered Agent

Name **Adriana Riedel**
Street Address (P.O. Box Number is Not Acceptable)
8735 N Wick Pl
Tampa
City **Tampa** Zip Code **FL 33604-2305**

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 **Adriana M. Riedel** **Adriana M. Riedel** 1-3-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	RIEDEL, ROGER	
STREET ADDRESS	8735 N WICK PL	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	TS	<input type="checkbox"/> Delete
NAME	RIEDEL, ADRIANA	
STREET ADDRESS	8735 N WICK PL	
CITY-ST-ZIP	TAMPA FL 33604	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DOWLING, WILLIAM E	
STREET ADDRESS	6909 CONATY RD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 like empowered.

SIGNATURE: **Adriana M. Riedel**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-03 (813) 989-9499
Date Daytime Phone #

CR2E034 (10/02)