

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 91046 046 ***150.00

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DOCUMENT # P01000120922

1. Entity Name
VISIONBURST, INC.



Principal Place of Business
**6912 STIRLING ROAD
HOLLYWOOD FL 33024**

Mailing Address
**6912 STIRLING ROAD
HOLLYWOOD FL 33024**



2. Principal Place of Business
**1909 TYLER STREET
SUITE 303**

3. Mailing Address
**1909 TYLER STREET
SUITE 303**

☐ CHECK HERE IF MAKING CHANGES

City & State
HOLLYWOOD FL

City & State
HOLLYWOOD FL

4. FEI Number
04-3587879

Applied For
Not Applicable

Zip
33020 Country
USA

Zip
33020 Country
USA

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

6. Name and Address of Current Registered Agent

**FRIER, ANDREW M
6912 STIRLING ROAD
HOLLYWOOD FL 33024**

7. Name and Address of New Registered Agent

Name
FRIER, ANDREW M
Street Address (P.O. Box Number is Not Acceptable)
**1909 TYLER ST. SUITE 303
HOLLYWOOD FL Zip Code 33020**

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  DATE **4/15/03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
FRIER, ANDREW M
6912 STIRLING ROAD
HOLLYWOOD FL 33024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**1909 TYLER STREET, SUITE 303
HOLLYWOOD FL 33020** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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

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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/15/03** Daytime Phone # **954-987-2720**

CR2E034 (10/02)