2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P02000094670

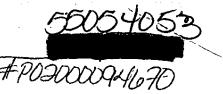
DOCUMENT #

FILED Aug 13, 2003 8:00 am Secretary of State 07-21-2003 90138 046 ***150.00

7/2:

VISION IMPORTS, INC.	O,					
Principal Place of Business Mailing Address 2525 CHEVAL ST 2525 CHEVAL ST				55054053		
STE 100 ORLANDO FL 32828	STE 100 Orlando fl 32828					
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Same as above Suite, Apr. #, etc.		2			
dite, Apr. #, Sto.	Suite, Apr. W. Bio.			CHECK HERE IF MAK	ING CHANGI	ES
City & State	City & State			4. FEI Number 03 · 04 83076		Applied For Not Applicable
Zip Country	Zip	Country		5. Certificate of Status Desired	\$8.75	Additional
6. Name and Address of Current F	<u> </u>		4	7. Name and Address of New Register	Fee Requ	rired
or tridito also received to a grant of the	i an i and the second	Name			ou regent	:
ADAMS, SHAUN	and the second second	Street A	ddress (P.	O. Box Number is Not Acceptable)		**
2525 CHEVAL ST	•]				
STE 100				<u></u>		
ORLANDO FL 32828		City			Zip C	ode
the obligations of registered agent. SIGNATURE Signature, typed of printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent signatu	W berjupen en	hen reinstating) DAT		,
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.0 Make Check Payable to Florida Department of	00			Section Campaign Financing Trust Fund Contribution.	\$5	.00 May Be led to Fees
10. OFFICERS AND D	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	
Shaun Adams Street Adoms Street Adams Street Adams Street Adams Street Adams Street Adams		TITLE NAME STREET ADORESS CITY-ST-ZIP			Change	Addition
TITLE: CO-OWNER NAME: Matthew Itodal STREET ADDRESS CITY-ST-2P Or land TO P. 3388		TITLE NAME STREET ADDRESS *CITY-ST-ZIP			Change	: Addition
TITLE NAME STREET ADDRESS CITY-51-7P	Delete	TITLE NAME STREET ADDRESS			Change	Addition
TITLE NAME STREET ADDRESS	Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS	 		Change	Addition
CITY-ST-ZIP TITLE NAME	☐ Delete	CITY-ST-ZIP TITLE NAME		·	Change	☐ Addition
STREET ADDRESS		STREET ADDRESS		1		
TITLE NAME	☐ Delete	CITY-ST-ZIP -TITLE NAME			Change	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP			_	_
12. I hereby certify that the information supplied with the indicated on this report or suppliermental report is to of the corporation of the receiver or trustee endown changed, or on a attachment with an address with SIGNATURE:	nis filling does not qualify for the and accurate and that my ered to execute this report as the all other like empowered.		ed in Section we the same oter 607, Fi	on 119.07(3)(i), Florida Statutes, I further one legal effect as if made under oath; that lorida Statutes; and that my name appears		ſ





To Whom It May Concern:

Per my CPA, I have enclosed a check for the filing fee for an S-Corp of \$150.00. As we did not receive a prior notice (due to unforeseen logistical issues) for filing the UBR, we request that any penalties be waived and only hold us accountable for the standard \$150.00 fee for an S-Corp. Please feel free to contact me with any questions.

Sincerely,

Shaun Adams

Vision Imports

407-923-3966