

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2003 8:00 am
Secretary of State

07-21-2003 90138 046 ***150.00

DOCUMENT # P02000094670

1. Entity Name
VISION IMPORTS, INC.



Principal Place of Business
**2525 CHEVAL ST
STE 100
ORLANDO FL 32828**

Mailing Address
**2525 CHEVAL ST
STE 100
ORLANDO FL 32828**

55054053

2. Principal Place of Business

USA
Suite, Apt. #, etc.

3. Mailing Address

Same as above
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number

03-0483076

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ADAMS, SHAWN
2525 CHEVAL ST
STE 100
ORLANDO FL 32828**

7. Name and Address of New Registered Agent

Name **Same**
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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 name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003, Fee will be \$750.00

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 **Co-Owner** ☐ Delete
NAME **Shawn Adams**
STREET ADDRESS **2525 Cheval Street**
CITY-STATE-ZIP **Orlando FL 32828**

TITLE **Co-Owner** ☐ Delete
NAME **Matthew Hodge**
STREET ADDRESS **2525 Cheval Street**
CITY-STATE-ZIP **Orlando FL 32828**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/13/03

407-923-8966
Daytime Phone #

CR2E034 (4/03)

Attachment

55054053

#P02000094670

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