

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 92190 011 \*\*\*150.00

**DOCUMENT # P02000107722**

1. Entity Name  
**VISUAL COORDINATIONS, INC., TRAINED AND CERTIFIED BY CAROLE TALBOTT**



Principal Place of Business  
**3151 N. COURSE LANE  
SUITE #101  
POMPANO BEACH FL 33069**

Mailing Address  
**3151 N. COURSE LANE  
SUITE #101  
POMPANO BEACH FL 33069**



2. Principal Place of Business

**3151 N. Course Lane #101**  
Suite, Apt. #, etc.  
**101**

3. Mailing Address

**3151 N. Course Lane #101**  
Suite, Apt. #, etc.  
**101**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**Pompano Beach FL**  
Zip  
**33069**  
Country  
**Broward**

City & State  
**Pompano Beach FL**  
Zip  
**33069**  
Country  
**Broward**

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SEGGIE, ROBERTA A  
3151 N. COURSE LANE  
SUITE #101  
POMPANO BEACH, FL 33069**

7. Name and Address of New Registered Agent

Name  
**Same**  
Street Address (P.O. Box Number is Not Acceptable)  
**Same**  
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 \$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 NAME STREET ADDRESS CITY-ST-ZIP	<b>P SEGGIE, ROBERTA A 3151 N. COURSE LANE, #101 POMPANO BEACH, FL 33069</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**5-1-03 954-566-5070**

CR2E034 (10/02)