


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0155790 FP

DOCUMENT # P02000126531

1. Entity Name
VISION HOMES 20 / 20 INC.



03 OCT -3 PH 4:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
686 SW DEYER AVE
PT ST LUCIE FL 34953

Mailing Address
686 SW DEYER AVE
PT ST LUCIE FL 34953

2. Principal Place of Business
2372 S.W. Independence Rd
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

REINSTATEMENT 2003
☐ CHECK HERE IF MAKING CHANGES

City & State
Port St Lucie

City & State
Port St Lucie

Zip
34953

Country
St Lucie

4. FEI Number
22-3884788

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
John McCarthy
Street Address (P.O. Box Number is Not Acceptable)
2372 S.W. Independence Rd
City
Port St Lucie **FL** **Zip Code**
34953

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 *John McCarthy* **DATE** 9/8/03

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

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 NAME STREET ADDRESS CITY-ST-ZIP	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	Bert Geisinger <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 26 Beacon St Shirley NY 11967-3642
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. John McCarthy <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2372 SW Independence Rd Port St Lucie FL 34953
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
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

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: *John McCarthy* **DATE** 9/8/03 **Daytime Phone #** 772-878-5498

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (4/03)