

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2005 08:00 AM
Secretary of State

ATX1

DOCUMENT # P03000082094
1. Entity Name VISUALITY CLIC INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 146 SO END ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State ST AUGUSTINE, FL		City & State	
Zip 32095	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2384109		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
GOLDSTEIN, SHIRLEY
Street Address (P.O. Box Number is Not Acceptable)
146 S END ST.

City
ST. AUGUSTINE **FL** Zip Code
32095

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution. Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDSTEIN, SHIRLEY 146 S END ST. ST. AUGUSTINE, FL 320-95
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11.

TITLE NAME STREET ADDRESS CITY-ST-ZIP	100000263107 03/14/05-80083-005 150.00
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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Shirley Goldstein* SHIRLEY GOLDSTEIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/05 904-819-907
Date Daytime Phone #