## FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)						Secretary of State			
DOCUMENT # 1. Entity Name	4				Secretary	O1	State		
VISUALITY IPLACEM	ENT. INC.			}					
DON	OT WRITE	IN THIS S	PA	CE					
2. Principal Place of	Business	3. Mailing Address		eres ere ere en ere ere ere ere ere ere ere	1				
146 S END ST Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State		City & State		<del></del>	(	FEI Number 384109	丁二	Applied For	
ST. AUGUSTINE, FL Zip	Country	Zip	C	ountry	T	Certificate of Status Desired	={-	Not Applicable \$8.75 Additional	
32095-6819	ST JOHNS			7 Nam	<u> </u>	d Address of Current Reg	ietor	Fee Required	
			A COLUMN	Name		•	18161	eu Ayem	
	O NOT W	RITE	Marine Marine	GOLDSTEIN,	SHI	RLEY (P.O. Box Number is Not A	ccen	table)	
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				City	-16.0-	FL	1	Zip Code	
8. The above named	l entity submits this	statement for the purp	ose of	ST. AUGUST changing its r		ered office or registered age	ent, o	32095 or both, in the	
State of Florida. I	am familiar with, an	d accept the obligation	s of r	egistered agen	ni.	• •	•	·	
SIGNATURE			11	Note B	.4	<del></del>	4.6		
January 1	May 1 Fee is \$150	.00	appaca	ple. (NOTE: Reps	7-	Agent signature required when reins	ianng,		
After M Amend Make Check Payable				9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS A	ND DIRECTORS	11.						
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TITLE NAME	1			TLE AME				A CONTRACTOR OF THE PROPERTY O	
STREET ADDRESS	}		- S	TREET ADDRES	S			promise service and a service of the	
12. I hereby certify that t	L he information supplied	with this filing does not qu		TY-ST-ZIP the exemption st		Section 119.07(3)(i), Florida St			
certify that the inform	nation indicated on this r	report or supplemental repo	nt is tru	ie and accurate a	and tha	at my signature shall have the sa	me le	gal effect	
						owered to execute this report as dress, with all other like empowe		ea by	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR!