

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Mar 09, 2007 8:00 am  
Secretary of State

03-09-2007 90006 029 \*\*\*150.00

DOCUMENT # P03000082094

1. Entity Name

VISUALITY IPLACEMENT INC

DO NOT WRITE IN THIS SPACE

40032572

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
146 S END STREET

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
ST AUGUSTINE, FL

City & State

4. FEI Number  
56-2384109

Applied For  
Not Applicable

Zip  
32095

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

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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  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

11.

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GOLDSTEIN, SHIRLEY  
146 S END ST  
ST. AUGUSTINE, FL 32095

TITLE  
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

904 819-9073

Daytime Phone #