

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000038101

1. Entity Name  
VISION DEVELOPMENT, INC.

**FILED**  
**Jun 26, 2001 8:00 am**  
**Secretary of State**

06-26-2001 90007 006 \*\*\*550.00

Principal Place of Business Mailing Address  
172 BAY TREE DRIVE 172 BAY TREE DRIVE  
DESTIN FL 32541 DESTIN FL 32541

2. Principal Place of Business 3. Mailing Address  
Suite, Apt. #, etc. P.O. Box 217  
City & State Suite, Apt. #, etc. Pensacola U.S.  
City & State City & State  
Zip Country Zip Country  
28766 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3186480 Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
LANZEN, ROBERT E  
172 BAY TREE DR.  
DESTIN FL 32541

7. Name and Address of New Registered Agent  
Name MEAD, Michael Wm  
Street Address (P.O. Box Number is Not Acceptable)  
24 Walter Martin Road  
City Fort Walton Beach FL Zip Code 32548

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.  
SIGNATURE Michael Wm Mead 6/22/01  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2001 Fee will be \$550.00  
Make Check Payable to Department of State  
10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANZEN, ROBERT E		NAME		
STREET ADDRESS	172 BAY TREE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	DESTIN FL		CITY-ST-ZIP	32550	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D, S, T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LANZEN, LINDA L		NAME	LANZEN, LINDA L.	
STREET ADDRESS	172 BAY TREE DRIVE		STREET ADDRESS	172 BAY TREE DR	
CITY-ST-ZIP	DESTIN FL		CITY-ST-ZIP	DESTIN, FL. 32550	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert Lanzen 6-21-01 850-654-1092  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)