

**2001 UNIFORM BUSINESS REPORT (UBR)**

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

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

**DOCUMENT # P93000038101**

1. Entity Name  
**VISION DEVELOPMENT, INC.**

Principal Place of Business  
**172 BAY TREE DRIVE**  
**DESTIN FL 32541**

Mailing Address  
**172 BAY TREE DRIVE**  
**DESTIN FL 32541**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
**P.O. Box 217**  
**Penrose U.S.**  
 City & State

Zip  
**28766**

Country  
**USA**

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**

**7. Name and Address of New Registered Agent**

**LANZEN, ROBERT E**  
**172 BAY TREE DR.**  
**DESTIN FL 32541**

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.  (See criteria on back)

**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**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
PD	LANZEN, ROBERT E 172 BAY TREE DRIVE DESTIN FL		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	LANZEN, LINDA L 172 BAY TREE DRIVE DESTIN FL		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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)