2000 UNIFORM BUSINESS REPORT (UBR)

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address, with all other like empowered

NTED NAME OF SIGNING

FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # P93000049159 VISION VENTURES OF PALM BEACH, INC. 01-29-2000 90094 030 ***150.00 Principal Place of Business Mailing Address 1323 TAMARIND WAY 1323 TAMARIND WAY BOCA RATON FL 33486-6905 **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address conets DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0438473 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRANER, THOMAS U Street Address (P.O. Box Number is Not Acceptable) 301 YAMATO RD STE 4199 **BOCA RATON FL 33431** Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE BOLD, LIZ NAME NAME STREET ADDRESS STREET ADDRESS 1104 NASSAU STREET CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL TITLE □ Delete TITLE ☐ Change Addition NAME BOLD, BILL NAME STREET ADDRESS 1104 NASSAU STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Delete TITLE Change ☐ Addition TITLE 301 GENOTO ROOD SLIK 4199 BOCE RAIN FL 33431 BOL GENOTO PL SUIC4199 BOLS ROTH FL 37431 NAME GRANER, JENNIFER K NAME STREET ADDRESS 1323 TAMARIND WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TITLE ☐ Addition TITLE ☐ Delete GRANER, TOM NAME STREET ADDRESS STREET ADDRESS 1323 TAMARIND WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition | ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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 supplimental 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 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