## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P93000077696 Apr 18, 2000 8:00 am Secretary of State 1. Entity Name VISION TRUST MARKETING, INC. 04-18-2000 90241 044 \*\*\*150.00 Mailing Address Principal Place of Business 5029 EDGEWATER DR 5029 EDGEWATER DR ORLANDO FL 32810 ORLANDO FL 32810-5226 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3236530 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRIS, MARSHALL S Street Address (P.O. Box Number is Not Acceptable) 5029 EDGEWATER DR ORLANDO FL 32810 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CVD Change ☐ Addition TITLE ☐ Delete TITLE STEWART, J. MELVIN NAME NAME STREET ADDRESS 2201 CANTU CT STE 217 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34232 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE BRANDNER, J. WILLIAM NAME NAME 5029 EDGEWATER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP Change VTD ☐ Addition TITLE Delete THRASHER, TODD D NAME. NAME **5029 EDGEWATER DR** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32810 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE WARD, DOUGLAS NAME STREET ADDRESS 700 GLADES CT STREET ADDRESS CITY-ST-ZIP PORT ORANGE FL 32127 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE HARRIS, MARSHALL S NAME NAME 5029 EDGEWATER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32810 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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.