

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000081823

1. Entity Name

MANAGEMENT VISIONS, INC.

Principal Place of Business

2560 N. ATLANTIC AVENUE  
DAYTONA BEACH FL 32118

Mailing Address

C/O CLARK & STEWART, CPA'S  
535 SILVER BEACH AVENUE  
DAYTONA BEACH FL 32118

2. Principal Place of Business

326 N. Atlantic Ave.

Suite, Apt. #, etc.

3. Mailing Address

C/O STEWART & ASSOCIATES, P.A.

Suite, Apt. #, etc.

535 Silver Beach Ave

City & State

Daytona Beach, FL

Zip

32118

Country

Volusia

City & State

Daytona Beach FL

Zip

32118

Country

Volusia

6. Name and Address of Current Registered Agent

ANDERSON, GEORGE D  
3010 SOUTH PENINSULA DR.  
DAYTONA BEACH FL 32118

4. FEI Number

59-3263235

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's 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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ANDERSON, GEORGE D  
3010 S PENINSULA DRIVE  
DAYTONA BEACH FL 32118 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
ANDERSON, GRETCHEN  
3010 S PENINSULA DRIVE  
DAYTONA BEACH FL 32118 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*George D Anderson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
May 15, 2001 8:00 am  
Secretary of State

05-15-2001 90209 001 \*\*\*150.00

00051550



DO NOT WRITE IN THIS SPACE

0006161

CR2E034 (10/00)

4-30-2001