2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P94000006798 **DOCUMENT #**

1. Entity Name VISIONS & MORE, INC.



FILED May 05, 2003 8:00 am Secretary of State 05-05-2003 91160 045 ***150.00

						TO WE THIS	′						
Principal Place 7 EAST SILVE SUITE 204 OCALA FL 344	R SPRINGS E		PO B	Mailing Address PO BOX 1730 MELROSE FL 32666				I JURIJUBA ING IRUK b iri	1 00 111 11 111 11 111 1	1711 88 11 6 8	JAN 1 2616 (, 14101 1811 1881	
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2. Principal Pl		1)	3. Mai	ing Address							1111 18818 1		
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Suite, Apt. 6			Suite	Suite, Apt. #, etc.				A CHECK	HERE IF MAKI	NG CHA	NGES	>	
City & State			City	City & State				FEI Number 59-3216390				plied For]
(70/	<u>nesuil</u>	le,F	レ 1	<u> </u>				59 - 32	16390	_	Not	t Applicable]
Zip		Country	Zip	Zip Coun			5. Certificate of Status Desired			\$8.75 Additional			
320	600	USA		<u> </u>			7. Name and Address of New Registered Agent						-
	6. Name	and Address o	of Current Registere	ed Agent	-	Name	7. F	Name and Address of	New Hegisters	a Ageni			1
HENDEDS	ON, KATH												
2400 SE (Street Address			ss (P.O. B	s (P.O. Box Number is Not Acceptable)						
PO BOX 1						**			****				1
										l -	in Code		-
MELHUSE	FL 32666								F	FL Z	ip Code	;	
	named entity ions of registe		atement for the purp	ose of changing its	s register	ed office or regi	stered ag	ent, or both, in the Sta	te of Florida. Ta	ım familia	ar with, a	and accept	
SIGNATURE													}
	Signature, typed	or printed name of rec	gistered agent and title if app	licable. (NO	E: Registere	d Agent signature req	uired when re	einstating)	DAT	E			4
After	May 1, 200	FED IS \$15	\$550.00					9. Election Camp Trust Fund Cor				0 May Be to Fees	
	Payable to		ertment of State			***		DITIONIO (OL MAIOEO)	TO OFFICERS A	NO DIO	CTODO	NINI 44	4
10.	D	OFFIC	CERS AND DIRECTO		11.	<u></u>	AL	DDITIONS/CHANGES	IO OFFICERS F		Change	Addition	1 2
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12. I hereby o	certify that the	e information su	pplied with this filing	does not qualify fo	or the exe	emption stated in	Section	119.07(3)(i), Florida Si	atutes. I further	certify th	at the in	formation	1
indicated	on this repor	t or supplemen	tal report is true and	accurate and that	my signa	iture shall have f ired by Chapter	ne same 607. Flori	legal effect as if made	under oath; tha ny name annea	ıı ı am ar rs in Bloc	i oiliceri sk 10 or	or arrector Block 11 if	

of the corporation of the receiver of trustee empowered to execute this report changed, or on an attachment with an address, with all other like empowered. (352/475-5784

SIGNATURE:

DEPTERBUTED KATHY HENDERSON