

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90237 039 \*\*\*150.00

**DOCUMENT # P94000069216**

1. Entity Name  
**MYSTICAL VISIONS, INC.**

Principal Place of Business  
**5770 W. IRLO BRONSON HWY.**  
**#412**  
**KISSIMMEE FL 34746**

Mailing Address  
**5770 W. IRLO BRONSON HWY.**  
**#412**  
**KISSIMMEE FL 34746**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**5770 W IRLO BRONSON HWY**  
 Suite, Apt. #, etc.  
**#412**

3. Mailing Address  
**5770 W. IRLO BRONSON HWY**  
 Suite, Apt. #, etc.  
**#412**

City & State  
**Kissimmee, FL**  
 Zip  
**34746**  
 Country  
**OCeola**

City & State  
**Kissimmee, FL**  
 Zip  
**34746**  
 Country  
**OCeola**

4. FEI Number **59-3274036**  
 Applied For  
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**MILLER, CHRIS**  
**3185 SHINGLE CREEK CT**  
**KISSIMMEE FL 34746**

**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 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, 2002 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 **P** ☐ Delete  
 NAME **MILLER, CHRIS**  
 STREET ADDRESS **3185 SHINGLE CREEK CT**  
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **VP** ☐ Delete  
 NAME **MILLER, STELLA**  
 STREET ADDRESS **3185 SHINGLE CREEK CT**  
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE **S** ☐ Delete  
 NAME **WILSON, DESSA**  
 STREET ADDRESS **3185 SHINGLE CREEK CT**  
 CITY-ST-ZIP **KISSIMMEE FL 34746**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

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

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

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:**

**CHRIS MILLER**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**192002 407 9311624**

CR2E034 (9/01)