

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000078479

1. Entity Name
VISION VENTURES, INC.

FILED
Aug 17, 2001 8:00 am
Secretary of State

08-17-2001 90011 001 *****8.75
08-17-2001 90011 002 ***550.00

Principal Place of Business
265 S.W. PORT ST. LUCIE BLVD.
STE. 224
PORT ST. LUCIE FL 34984

Mailing Address
6855 JIMMY CARTER BLVD.
BLDG. 2150
NORCROSS GA 30071

77580



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2649 LAKE DRIVE
Suite, Apt. #, etc.
#3
City & State
SINGER ISLAND, FL
Zip
33404
Country
USA

3. Mailing Address
7095 HOLLYWOOD BLVD.
Suite, Apt. #, etc.
#751
City & State
HOLLYWOOD, CA
Zip
90028
Country
USA

4. FEI Number 59-3272904
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
KOCHAN, ROBERT C
2649 LAKE DRIVE, UNIT 8
SINGER ISLAND FL 33404

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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOCHAN, ROBERT C 3639 N. PEACHTREE ROAD ATLANTA GA 30341 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MIZENER, SCOTT 2649 LAKE DRIVE, UNIT 8 SINGER ISLAND FL 33404 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: R. C. Kochan 7-25-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)