

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **Vision Ventures, Inc.**

1. Entity Name

P94000078479

FILED

02 APR 19 PM 2:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6855 Jimmy Carter Blvd.

Suite, Apt. #, etc.

#2150

3. Mailing Address

6855 Jimmy Carter Blvd.

Suite, Apt. #, etc.

#2150

City & State

NORCROSS GA

City & State

NORCROSS GA

Zip

30071

Country

USA

Zip

30071

Country

USA

4. FEI Number

59-3272904

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Scott Mizener

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

2649 LAKE DRIVE #8

City

Singer Island

FL

Zip Code

33404

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

4/17/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 **PRESIDENT**
NAME **Robert Kochan**
STREET ADDRESS **6855 Jimmy Carter Blvd #2150**
CITY-ST-ZIP **NORCROSS GA 30071**

TITLE **VICE PRESIDENT**
NAME **Scott Mizener**
STREET ADDRESS **2649 LAKE DRIVE #8**
CITY-ST-ZIP **Singer Island FL 33404**

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*******8.75 *****8.75**

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/02 **323**
964-9486

Date

Daytime Phone #

04/20/02 (12:01)