

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000089287

1. Entity Name
VISA SERVICES, INC.

Principal Place of Business
4134 GULF OF MEXICO DR
STE 302
LONGBOAT KEY FL 34226
US

Mailing Address
4134 GULF OF MEXICO DR
STE 302
LONGBOAT KEY FL 34228
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0604802

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLES, JASON
HARBOUR SQ, STE 302
4134 GULF OF MEXICO DR
SARASOTA FL 34228

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 VP
NAME COLES, JASON D
STREET ADDRESS HARBOUR SQUARE, STE 302 4134 GULF OF MEX
CITY-ST-ZIP LONGBOAT KEY FL ☐ Delete

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

TITLE P
NAME COLES, DERICK
STREET ADDRESS HARBOUR SQUARE, STE 302, 4134 GULF OF MEX
CITY-ST-ZIP LONGBOAT KEY FL ☐ Delete

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

TITLE VP
NAME PASQUALE, FREDERICK DE
STREET ADDRESS HARBOUR SQUARE, STE 302 4134 GULF OF MEX
CITY-ST-ZIP LONGBOAT KEY FL ☐ Delete

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

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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:  DERICK COLES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04.20.01 (94) 387 0809
Date Daytime Phone #

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90005 032 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)