

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000042529

1. Entity Name

VISUCOM CORPORATION

**FILED**  
**Jan 20, 2000 8:00 am**  
**Secretary of State**

01-20-2000 90161 031 \*\*\*150.00

Principal Place of Business

5056 CYPRESS TRACE DR.  
TAMPA FL 33624

Mailing Address

5056 CYPRESS TRACE DR.  
TAMPA FL 33624-6910

2. Principal Place of Business

455 E. DOUGLAS RD.  
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1011  
Suite, Apt. #, etc.

City & State

OLDSMAR FL

City & State

OLDSMAR FL

4. FEI Number

59-3323470

Applied For

Not Applicable

Zip

Country

34677 USA

Zip

Country

34677 USA

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

GILFORD, THEODORE  
5056 CYPRESS TRACE DR.  
TAMPA FL 33624

Name

THEODORE GILFORD

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

413 CYPRESS VIEW DR

City

OLDSMAR

FL

Zip Code

34677

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

*Theodore Gilford*

THEODORE GILFORD - PRESIDENT

1-14-00

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, 2000 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  
PSTD  
GILFORD, THEODORE  
5056 CYPRESS TRACE DR.  
TAMPA FL 33624 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
KELLY S. GILFORD  
413 CYPRESS VIEW DR  
OLDSMAR FL 34677 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DIRECTOR  
MARGARET MARY F. GILFORD  
413 CYPRESS VIEW DR  
OLDSMAR FL 34677 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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:

*Theodore Gilford*

THEODORE GILFORD - PRESIDENT

1-14-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

813-855-2979