

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000042529****1. Entity Name**
VISUCOM CORPORATION**Principal Place of Business****455 E. DOUGLAS RD.**
OLDSMAR FL 34677**Mailing Address****P.O. BOX 1011**
OLDSMAR FL 34677**2. Principal Place of Business**

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent**GILFORD, THEODORE**
413 CYPRESS VIEW DR
OLDSMAR FL 34677**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** ☐ **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** **PSTD** ☐ Delete
NAME **GILFORD, THEODORE**
STREET ADDRESS **5056 CYPRESS TRACE DR.**
CITY-ST-ZIP **TAMPA FL 33624****TITLE** **VP** ☐ Delete
NAME **GILFORD, KELLY S**
STREET ADDRESS **413 CYPRESS VIEW DR**
CITY-ST-ZIP **OLDSMAR FL 34677****TITLE** **D** ☐ Delete
NAME **GILFORD, MARGARETMARY F**
STREET ADDRESS **413 CYPRESS VIEW DR**
CITY-ST-ZIP **OLDSMAR FL 34677****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
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THEODORE GILFORD**2-19-01**

* Date

813-855-2772

Daytime Phone #

X2223**FILED**
Feb 27, 2001 8:00 am
Secretary of State

02-27-2001 90003 010 ***150.00

814541

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3323470**Applied For
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional**
Fee Required

CR2E034 (10/00)