

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90102 036 ***150.00

DOCUMENT # P95000090883

1. Entity Name

VISION MORTGAGE & INVESTMENTS, INC.

Principal Place of Business

1290 HIGHWAY A-1-A # 206-8
SATELLITE BEACH FL 32937

Mailing Address

P.O. BOX 3474
LAKE MARY FL 32795-3474
US

2. Principal Place of Business

810 ROSALIA DR

3. Mailing Address

Suite, Apt. #, etc.

City & State

SANFORD FL

City & State

4. FEI Number 59-3347510

Applied For

Not Applicable

Zip

Country

32771

USA

Zip

Country

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

GASSETT, SUE A
1290 HIGHWAY A-1-A # 206-8
SATELLITE BEACH FL 32937

Name
SUE A. GASSETT

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

810 ROSALIA DR

City
SANFORD

FL

Zip Code
32771

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
D
GASSETT, SUE A
697 N HEDGE COCK SQUARE
SATELLITE BEACH FL 32937 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SUE A. GASSETT
810 ROSALIA DR
SANFORD, FL 32771 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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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:

Sue A. Gasset

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/2001 407-687-8820

Date Daytime Phone #

CR2E034 (10/00)