

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90331 018 \*\*\*150.00

**DOCUMENT # P95000090883**

1. Entity Name  
**VISION MORTGAGE & INVESTMENTS, INC.**



Principal Place of Business  
**810 ROSALIA DRIVE  
SANFORD FL 32771  
US**

Mailing Address  
**P.O. BOX 3474  
LAKE MARY FL 32795-3474  
US**

**11030483**



2. Principal Place of Business  
**308 NORTHLAKE DR.**

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**SANFORD, FL**

City & State

4. FEI Number **59-3347510**

Applied For  
Not Applicable

Zip  
**32773** Country  
**SEMINOLE**

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  
810 ROSALIA DRIVE  
SANFORD FL 32771**

Name  
**SUE ANNE GASSETT**

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

**308 NORTHLAKE DR.**

City  
**SANFORD**

FL

Zip Code  
**32773**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **Sue Anne Gasset**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
GASSETT, SUE A  
810 ROSALIA DRIVE  
SANFORD FL 32771** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**D  
SUE ANNE GASSETT  
308 NORTHLAKE DR  
SANFORD, FL 32773** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
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CITY-ST-ZIP ☐ Delete

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

12. 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 10 or Block 11 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

Date

Daytime Phone #

**4/29/2003 407-718-4408**

CR2E034 (10/02)