

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000096815

1. Entity Name

VISUALS, INC.

Principal Place of Business

2187 N POWERLINE RD
POMPANO BEACH FL 33069
US

Mailing Address

10450 NW 49TH PLACE
CORAL SPRINGS FL 33076
US

2. Principal Place of Business

2193 N. Powerline Rd.

3. Mailing Address

Suite, Apt. #, etc.

Pompano Beach

Suite, Apt. #, etc.

City & State

FL

City & State

Zip

33069

Country

Zip

Country

4. FEI Number 65-0631980

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

SHMOKLER, ROBERT
10450 NW 49TH PLACE
CORAL SPRINGS FL 33076

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

Not Applicable

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	ST	<input type="checkbox"/> Delete
NAME	SHMOKLER, ROBERT	
STREET ADDRESS	10450 NW 49TH PL	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE	P	<input type="checkbox"/> Delete
NAME	KIESERMAN, DEBRA	
STREET ADDRESS	10450 NW 49TH PL	
CITY-ST-ZIP	CORAL SPRINGS FL 33076	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

Robert L. Shmoker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-3-01

Date

954-969-9727

Daytime Phone #



DO NOT WRITE IN THIS SPACE