

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2000 8:00 am
Secretary of State
 04-22-2000 90110 018 ***150.00

DOCUMENT # P96000010902
 1. Entity Name
VISAGES, INC.

Principal Place of Business 13910 N DALE MABRY SUITE 1 TAMPA FL 33618 US	Mailing Address 13910 N DALE MABRY SUITE 1 TAMPA FL 33618-2440 US
---	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <i>3355 Bearss Avenue</i>	3. Mailing Address <i>3355 Bearss Avenue</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <i>Tampa, Florida</i>	City & State <i>Tampa, Florida</i>	4. FEI Number 59-3358208	Applied For <input type="checkbox"/> Not Applicable
Zip <i>33618</i>	Country	Zip <i>33618</i>	Country

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

6. Name and Address of Current Registered Agent
**SANDERS, WALTER
 13910 NORTH DALE MABRY HWY, SUITE ONE
 TAMPA FL 33618**

7. Name and Address of New Registered Agent
 Name *Walter Sanders*
 Street Address (P.O. Box Number is Not Acceptable) *3355 Bearss Avenue*
 City *Tampa* FL Zip Code *33618*

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 *Walter Sanders* *Walter Sanders* DATE *3/9/00*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GAUDET, MICHAEL P 10206 RUBURY PLACE TAMPA FL	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michael P. Gaudet* DATE *4/15/00* DAYTIME PHONE # *813-818-8093*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)