

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000025304

1. Entity Name

VISION QUEST MEDIA, INC.

FILED
Jun 05, 2000 8:00 am
Secretary of State

06-05-2000 90007 013 ***158.50

Principal Place of Business

Mailing Address

~~2200 NW CORPORATE BLVD~~
~~309~~
~~BOCA RATON FL 33431~~
US

~~2200 NW CORPORATE BLVD~~
~~309~~
~~BOCA RATON FL 33431-7307~~
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4723 W. ATLANTIC AVE

A2/A3

City & State

City & State

DELRAY BEACH FL

City & State

Zip
33445

Country
USA

Zip

Country

4. FEI Number

65-0652919

Applied For

Not Applicable

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

JOHNSON, ANTHONY D
2200 NW CORPORATE BLVD
SUITE 309
BOCA RATON FL 33431

NEW ADDRESS

Name

JOHNSON ANTHONY

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

4723 W. ATLANTIC AVE

SUITE A2/A3

City

DELRAY BEACH FL

Zip Code

33445

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHNSON, ANTHONY
825 CANARY WALK
DELRAY BCH FL 33483 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STEVEN E LIPSON
21510 HALSTEAD DRIVE
BOCA RATON FL 33428 ☐ 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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☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APRIL 26-2000 561-499-2888