

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000029178

1. Entity Name  
VISION PREPAID SERVICES, INC.

**FILED**  
**Mar 23, 2001 8:00 am**  
**Secretary of State**

03-23-2001 90017 029 \*\*\*150.00

Principal Place of Business

1101 GULF BREEZE PKWY  
STE 109  
GULF BREEZE FL 32561

Mailing Address

1101 GULF BREEZE PKWY  
STE 109  
GULF BREEZE FL 32561

2. Principal Place of Business

1101 GULF BREEZE PKWY  
Suite, Apt. #, etc.  
SUITE 1

3. Mailing Address

1101 GULF BREEZE PKWY  
Suite, Apt. #, etc.  
SUITE 1

City & State

GULF BREEZE FL

City & State

GULF BREEZE FL

Zip

32561

Country

USA

Zip

32561

Country

USA

4. FEI Number 59-3315498

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BROWN, FRANK  
1101 GULF BREEZE PKWY  
STE 109  
GULF BREEZE FL 32561

7. Name and Address of New Registered Agent

Name BROWN, FRANK  
Street Address (P.O. Box Number is Not Acceptable)  
1101 GULF BREEZE PKWY  
SUITE 1  
City GULF BREEZE FL Zip Code 32561

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 \_\_\_\_\_ (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

TITLE	P	<input type="checkbox"/> Delete
NAME	BROWN, FRANK	
STREET ADDRESS	1101 GULF BREEZE PKWY STE 109	
CITY-ST-ZIP	GULF BREEZE FL 32561	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, FRANK	
STREET ADDRESS	1101 GULF BREEZE PKWY SUITE 1	
CITY-ST-ZIP	GULF BREEZE, FL 32561	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANK BROWN 3/21/01 934-6444

Date

Daytime Phone #

CR2E034 (10/00)