

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90725 013 ***150.00

DOCUMENT # P96000035935

1. Entity Name
VISUAL IMPACT PRODUCTS INC.



Principal Place of Business
**3681 62 AVE N
PINELLAS PARK FL 33781
US**

Mailing Address
**3681 62 AVE N
PINELLAS PARK FL 33781
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3376477**

Applied For
Not Applicable

Zip

Country

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

**SARANCZAK, JAMES
500 TRINITY LANE NORTH
SUITE #3210
SAINT PETERSBURG FL 33716**

Name

Street Address (P.O. Box numbers Not Acceptable)

6128 9 Ave Cir NE

City

Bradenton

FL

39212

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

James Saranczak President

4/30/03

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**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 **P** ☐ Delete
NAME **SARANCZAK, JAMES**
STREET ADDRESS **500 TRINITY LANE NORTH # 3210**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

TITLE ☐ Change ☐ Addition
NAME **6128 9 Ave Cir NE**
STREET ADDRESS **Bradenton FL 39212**
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **WHITE, LISA K**
STREET ADDRESS **500 TRINITY LANE NORTH # 3210**
CITY-ST-ZIP **SAINT PETERSBURG FL 33716**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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:

James Saranczak
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/03

Date

Daytime Phone #

727-522-6800

CR2E034 (10/02)