

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000019499

1. Entity Name

VISIONTEQ, INC.

FILED
May 16, 2000 8:00 am
Secretary of State

05-16-2000 90097 034 ***150.00

Principal Place of Business

Mailing Address

1844 NW 81ST AVE
CORAL SPRINGS FL 33071

1844 NW 81ST AVE
CORAL SPRINGS FL 33071-6233

2. Principal Place of Business

6500 NW 15TH AVENUE

3. Mailing Address

6500 NW 15TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 100

SUITE 100

City & State

City & State

FORT LAUDERDALE FL

FORT LAUDERDALE FL

Zip

Country

Zip

Country

33309

USA

33309

USA

6. Name and Address of Current Registered Agent

STILL, TRISTAN
8061 SOUTHGATE BLVD
NORTH LAUDERDALE FL 33068

4. FEI Number

52-2083423

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

Name

STILL, JOHN A.

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

1844 NW 81ST AVE

City

CORAL SPRINGS

FL

Zip Code
33071

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

TITLE	D V	<input type="checkbox"/> Delete
NAME	STILL, JOHN A	
STREET ADDRESS	1844 NW 81ST AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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	C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VICTOR, MICHAEL T.	
STREET ADDRESS	100 STATE ST - SUITE 200	
CITY-ST-ZIP	ERIE PA 16507	
TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAUMAN, JOHN	
STREET ADDRESS	100 STATE ST - SUITE 200	
CITY-ST-ZIP	ERIE PA 16507	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYONS, THOMAS	
STREET ADDRESS	100 STATE ST - SUITE 200	
CITY-ST-ZIP	ERIE PA 16507	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STARK, BUDDY	
STREET ADDRESS	100 STATE ST - SUITE 210	
CITY-ST-ZIP	ERIE PA 16507	
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:

Thomas Lyons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-00

814-455-7587

CR2E034 (9/99)