

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000022495

1. Entity Name

VISIONARY MEDICAL SYSTEMS, INC.

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90024 041 ***150.00

935290



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1355 SNELL ISLE BLVD NE
#225
ST PETERSBURG FL 33704
US

Mailing Address

1355 SNELL ISLE BLVD NE
#225
ST PETERSBURG FL 33704
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3424081**

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

JENNER, GEORDIE W
2032 MASSACHUSETTS AVE., NE
ST PETERSBURG FL 33703

Name

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

1355 SNELL ISLE BLVD

City

ST PETERS

FL

33704

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

13 March 2001

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
JENNER, GEORDIE W
2032 MASSACHUSETTS AVE., NE
ST PETERSBURG FL 33703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1355 SNELL ISLE BLVD
ST PETERSBURG FL 33704 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JENNER, CHERYL A
2032 MASSACHUSETTS AVE., NE
ST PETERSBURG FL 33703 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
1355 SNELL ISLE BLVD
ST PETERSBURG FL 33704 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
BUETTNER, TRACY J
4101 FARGO ST. N., APT 3
ST PETERSBURG FL 33714 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
SAXMAN, BONNIE B
1977 ILLINOIS AVE., NE
ST PETERSBURG FL 33703 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SAXMAN, KEVIN
1977 ILLINOIS AVE., NE
ST PETERSBURG FL 33703 ☒ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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 #

13 March 2001

727 895 2466

CR2E034 (10/00)