

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2002 8:00 am
Secretary of State

03-07-2002 90012 017 ***150.00

044168 AV

DOCUMENT # P97000022495

1. Entity Name

VISIONARY MEDICAL SYSTEMS, INC.

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

111 2nd Ave NE

Suite, Apt. #, etc.

Suite 600

City & State

St. Petersburg, FL

Zip

33701

Country

USA

3. Mailing Address

111 2nd Ave NE

Suite, Apt. #, etc.

Suite 600

City & State

St. Petersburg, FL

Zip

33701

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3424081

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**JENNER, GEORDIE W
 1355 SNELL ISLE BLVD
 SAINT PETERSBURG FL 33704**

7. Name and Address of New Registered Agent

Name **Jenner, Geordie W.**

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

111 2nd Ave NE Suite 600

City

St. Petersburg

FL

Zip Code

33701

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]

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

(NOTE: Registered Agent signature required when reinstating)

2/22/02

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, 2002 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	M	<input type="checkbox"/> Delete
NAME	JENNER, GEORDIE W	
STREET ADDRESS	1355 SNELL ISLE BLVD	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
TITLE	D	<input type="checkbox"/> Delete
NAME	JENNER, CHERYL A	
STREET ADDRESS	1355 SNELL ISLE BLVD	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1913 Hawaii Avenue NE.	
STREET ADDRESS	St. Petersburg, FL 33703	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1913 Hawaii Avenue NE	
STREET ADDRESS	St. Petersburg, FL 33703	
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/02

Date

727-895-2466

Daytime Phone #

CR2E034 (9/01)