

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) ✓

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90061 027 ***150.00

DOCUMENT # P97000098672

1. Entity Name
VISIONEERING CONSULTANTS, INC.



Principal Place of Business
**258 BANGSBERG RD SE
PT CHARLOTTE FL 33952
US**

Mailing Address
**PO BOX 495713
PT CHARLOTTE FL 33949
US**

2. Principal Place of Business
2811-D TAMiami TRAIL

3. Mailing Address
2811-D TAMiami TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
PORT CHARLOTTE, FL

City & State
PORT CHARLOTTE, FL

Zip
33952 Country
USA

Zip
33952 Country
USA

4. FEI Number **65-0795867**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BROOKS, MITCHELL T
258 BANGSBERG RD, SE
PORT CHARLOTTE FL 33952**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

TITLE **DC** ☐ Delete
NAME **BROOKS, MITCHELL T**
STREET ADDRESS **258 BANGSBERG RD**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **DP** ☐ Delete
NAME **MALLISON, J ANDREW**
STREET ADDRESS **258 BANGSBERG RD SE**
CITY-ST-ZIP **PT CHARLOTTE FL 33952**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Signature Required

1/14/03

941 766 8788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)