

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91747 001 \*\*\*150.00

DOCUMENT # P98000018840

1. Entity Name

The Vision Publishing Corp. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

3220 SE. 12th Street

Suite, Apt. #, etc.

Pompano Bch. FL 33062

City & State

3. Mailing Address

3220 SE. 12th Street

Suite, Apt. #, etc.

Pompano Beach FL

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0814662

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

Sharlene Hammett

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

3220 SE. 12th Street

City Pompano Beach

FL

Zip Code

33062

**DO NOT WRITE  
IN THIS SPACE**

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

Sharlene Hammett

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) ☐

January 1 - May 1 Fee is \$050.00  
After May 1, Fee is \$560.00  
Amended UBR is \$61.25  
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	Pres/Sec
NAME	Sharlene Hammett
STREET ADDRESS	3220 SE. 12th Street
CITY- ST- ZIP	Pompano Beach FL 33062
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
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NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharlene Hammett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #