

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 09, 2000 8:00 am
Secretary of State

06-09-2000 90003 028 ***150.00

80101544

DO NOT WRITE IN THIS SPACE

DOCUMENT # PA8 000039107
 1. Entity Name VISUAL
VISION CONCEPTS INTERNATIONAL, INC

Principal Place of Business
1298 LAKEVIEW RD.
CLEARWATER, FLORIDA
33756

Mailing Address
1298 LAKEVIEW RD.
CLEARWATER, FLORIDA
33756

2. Principal Place of Business
1298 LAKEVIEW RD
 Suite, Apt. #, etc.

3. Mailing Address
1298 LAKEVIEW RD.
 Suite, Apt. #, etc.

City & State
CLEARWATER FLORIDA

City & State
CLEARWATER, FLORIDA

Zip
33756

Country
PINELLAS

Zip
33756

Country
PINELLAS

4. FEI Number
59 349 8770

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent
BETSY KELLER
P.O. BOX 15236
CLEARWATER, FLORIDA 33766

7. Name and Address of New Registered Agent
 Name G. WARREN SMITH
 Street Address (P.O. Box Number is Not Acceptable)
1298 LAKEVIEW RD
 City CLEARWATER FL Zip Code 33756

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 G. Warren Smith DATE 5/2/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐ **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 <u>P</u> NAME <u>D WAYNE KELLER</u> STREET ADDRESS <u>2598 FRISCO DR</u> CITY-ST-ZIP <u>CLEARWATER, FL 33766</u>	<input type="checkbox"/> Delete
TITLE <u>VP</u> NAME <u>WARREN SMITH</u> STREET ADDRESS <u>1298 LAKEVIEW RD.</u> CITY-ST-ZIP <u>CLEARWATER, FL. 33756</u>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: G. Warren Smith Date 5/4/00 Daytime Phone # 727-443-5332
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)