

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046840

1. Entity Name

VISION CONSTRUCTION AND DEVELOPMENT, INC.

FILED

Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90037 040 ***150.00

Principal Place of Business

PERRY FL
PERRY FL 32347
US

Mailing Address

RT 1 BOX 1470
PERRY FL 32347-9801
US

2. Principal Place of Business

139 SUN LANE

Suite, Apt. #, etc.

3. Mailing Address

PO Box 207

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Panama City Bch, FLA

City & State

Steinhatchee, FLA

4. FEI Number

59-3521738

Applied For

Not Applicable

Zip

Country

32413 BAY

Zip

Country

32359 TAYLOR

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HOWELL, SHANNON
803 E CHERRY ST
PERRY FL 32347

7. Name and Address of New Registered Agent

Name

Shannon Howell

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

139 SUN LANE

City

Panama City Beach

FL

Zip Code

32413

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

3-28-00

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PVTS HOWELL, SHANNON 803 E CHERRY ST PERRY FL 32347	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOWELL, SHANNON 803 E CHERRY ST PERRY FL 32347	<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	139 SUN LANE PCB, FL. 32413	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	139 SUN LANE PCB, FL. 32413	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-1-00

Daytime Phone #

8502315114

CR2E034 (9/99)