

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071702

1. Entity Name

VISUAL ASPECTS OF PALM BEACH, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90001 021 ***550.00

Principal Place of Business

265 MIRAMAR WAY
WEST PALM BEACH FL 33405-4711

Mailing Address

265 MIRAMAR WAY
WEST PALM BEACH FL 33405-4711

2. Principal Place of Business

8153 CHELSEA CT

3. Mailing Address

8153 CHELSEA CT

Suite, Apt. #, etc.

B

Suite, Apt. #, etc.

B

City & State

LAKE CLARKE SHORES

City & State

LAKE CLARKE SHORES

Zip

33406

Country

USA

Zip

33406

Country

USA

4. FEI Number

65-0910519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BIGANSKI, FRANK J
265 MIRAMAR WAY
WEST PALM BEACH FL 33405-4711

7. Name and Address of New Registered Agent

Name BIGANSKI, FRANK J

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

8153 B CHELSEA COURT

City

LAKE CLARKE SHORES

FL

Zip Code

33406

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)

9/14/00

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 P
NAME BIGANSKI, FRANK
STREET ADDRESS 265 MIRAMAR WAY
CITY-ST-ZIP W PALM BEACH FL 33405

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BIGANSKI, FRANK
STREET ADDRESS 8153 B CHELSEA CT
CITY-ST-ZIP LAKE CLARKE SHORES, FL 33406

☒ Change ☐ Addition

ADDRESS only

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

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☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ 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

Sep 14, 2000

Date

561.432.7572

Daytime Phone #

CR2E034 (5/00)