

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entity Name

799000038950

Visual Concepts & Designs, Inc.

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

06-09-2000 90015 003 \*\*\*150.00

Principal Place of Business

Mailing Address

522 Scotland Street  
Dunedin, FL 34698

522 Scotland Street  
Dunedin, FL 34698

2. Principal Place of Business

3. Mailing Address

522 Scotland Street  
Suite, Apt. #, etc.

522 Scotland Street  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Dunedin, Florida

City & State

Dunedin, Florida

4. FEI Number

59-3570548

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name  
Christopher L. Miller Sr.

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

City  
Dunedin

FL

Zip Code  
34698

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

4-24-00

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 \$250.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

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**\$5.00** May Be  
Added to Fees

11.

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

P  
Miller, Christopher  
522 Scotland Street  
Dunedin, FL 34698

☐ Delete

STREET ADDRESS

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☐ 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

4-24-00

Date

727 734 0022

Daytime Phone #

CR2E034 (9/99)