

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90089 004 \*\*\*150.00

**DOCUMENT # P99000048284**

1. Entity Name

**VISUAL-IT, INC.**

Principal Place of Business

~~622 WALNUT LANE~~  
**HAVENFORD PA 19041-1226**

Mailing Address

**P.O. Box 315**  
~~622 WALNUT LANE~~  
**HAVENFORD PA 19041-1226 0315**

2. Principal Place of Business

**P.O. Box 315**

Suite, Apt. #, etc.

3. Mailing Address

**P.O. Box 315**

Suite, Apt. #, etc.

City & State

**HAVENFORD PA**

City & State

**HAVENFORD PA**

Zip

**19041-0315**

Country

**US**

Zip

**19041-0315**

Country

**US**

4. FEI Number

**23-3005995**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**EBERLING, ROBERT A CPA**  
**1400 OLD DIXIE HWY.,STE.E**  
**ST.AUGUSTINE FL 32086**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

*[Handwritten Signature]*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/20/00**

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 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	<b>PRINCIPAL</b>	<input type="checkbox"/> Delete
NAME	<b>CRAIG JOSS</b>	
STREET ADDRESS	<b>P O Box 315</b>	
CITY-ST-ZIP	<b>HAVENFORD PA 19041</b>	
TITLE	<b>SECRETARY</b>	<input type="checkbox"/> Delete
NAME	<b>RICHARD KING</b>	
STREET ADDRESS	<b>672 SOUTHWICK RD</b>	
CITY-ST-ZIP	<b>SOMERDALE NJ 08063</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

**3/20/00**

Date

**610-658-2000**

Daytime Phone #

CR20034 (9/00)