

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Jan 15, 2001 08:00 AM
Secretary of State

DOCUMENT # P99000048284

1. Entity Name
 VISUAL-IT, INC.

Principal Place of Business
 P.O. BOX 315
 HAVENFORD PA 190411226

Mailing Address
 P.O. BOX 315
 HAVENFORD PA 190411226

2. Principal Place of Business
 P.O. BOX 315

3. Mailing Address
 P.O. BOX 315

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
 HAVERFORD PA

City & State
 HAVERFORD PA

4. FEI Number
23-3005995

Applied For
 Not Applicable

Zip
 190410315

Country

Zip
 190410315

Country

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

EBERLING ROBERT ACPA
 1400 OLD DIXIE HWY.,STE.E
 ST.AUGUSTINE FL 32086 US

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

(NOTE: Registered Agent signature required when reinstating)

01/15/2001
 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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE S Delete
 NAME KING RICHARD
 STREET ADDRESS 672 SOUTHWICK RD
 CITY-ST-ZIP SOMERDALE NJ 08063

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE P Delete
 NAME JOSS CRAIG
 STREET ADDRESS PO BOX 315
 CITY-ST-ZIP HAVERFORD PA 19041

TITLE Change Addition
 NAME JOSS CRAIG
 STREET ADDRESS P. O. BOX 315
 CITY-ST-ZIP HAVERFORD PA 190410315

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change 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: CRAIG JOSS
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

P 01/15/2001
 Date

Daytime Phone #

CR2E034 (1/1/00)

KENNETH DAVIS COUNSEL
825 N. TANEY STREET
PHILADELPHIA PA 19130