

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000062373

1. Entity Name

VISION REALTY, CORP.

Principal Place of Business

11983 TAMiami TR. N. #151
NAPLES FL 34110

Mailing Address

11983 TAMiami TR. N. #151
NAPLES FL 34110

2. Principal Place of Business

18570 DEEP PASSAGE LN.

Suite, Apt. #, etc.

3. Mailing Address

18570 DEEP PASSAGE LN

Suite, Apt. #, etc.

City & State

FT. MYERS BEACH FL

Zip
33931

Country

City & State

FT. MYERS BEACH

Zip
33931

Country

4. FEI Number

65-0939066

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAXUM MANAGEMENT, CORP.
11983 TAMiami TR. N. #151
NAPLES FL 34110

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

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE PDT
NAME JOERGEN, WEYERS
STREET ADDRESS 11983 TAMiami TR N #151
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE VPS
NAME PALMER, TOBIAS
STREET ADDRESS 11983 TAMiami TR N #151
CITY-ST-ZIP NAPLES FL 34110 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDST
NAME ~~JOERGEN~~ WEYERS, JUERGEN ☒ Change ☐ Addition
STREET ADDRESS 18570 DEEP PASSAGE LN
CITY-ST-ZIP FT. MYERS BEACH, 33931

TITLE VP
NAME SIEGMUND, HELMUT ☒ Change ☒ Addition
STREET ADDRESS 18570 DEEP PASSAGE LN.
CITY-ST-ZIP FT. MYERS BEACH, 33931

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ 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

01/10/01

Date

941-273-3889

Daytime Phone #

CR2E034 (10/00)

0541054

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90009 005 ***150.00



DO NOT WRITE IN THIS SPACE