

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000073741

1. Entity Name

VISION OFFICE CONCEPTS, INC.

FILED
Mar 09, 2000 8:00 am
Secretary of State

03-09-2000 90139 001 ***150.00

03-09-2000 90139 002 *****8.75



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

C/O J. R. OLIVER
4697 CREEKVIEW LANE
OVIEDO FL 32765

C/O J. R. OLIVER
4697 CREEKVIEW LANE
OVIEDO FL 32765-7538

2. Principal Place of Business

3. Mailing Address

4697 CREEKVIEW LANE

P.O. Box 931

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OVIEDO FL.

MINNEOLA FL.

4. FEI Number

59-3588319

Applied For

Not Applicable

Zip

Country

U.S.

Zip

Country

U.S.

32765

34755

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

CUPP, ROBERT M JR.
1037 ARBOR HILL CIR.
CLERMONT FL 34711

Name

JAMES OLIVER

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

4697 CREEKVIEW LANE

City

OVIEDO

FL

Zip Code

32765

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME OLIVER, JAMES R
STREET ADDRESS 4697 CREEKVIEW LANE
CITY-ST-ZIP OVIEDO FL 32765

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME CUPP, ROBERT M JR.
STREET ADDRESS 1037 ARBOR HILL CIR.
CITY-ST-ZIP CLERMONT FL 34711

☐ Delete

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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

Date

Daytime Phone #

3-7-00

407-677-4555

CR2E034 (9/99)