2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90255 036 ***158.75

DOCUMENT # P99000073741

1. Entity Name
VISION OFFICE CONCEPTS, INC.

Principal Place of Business	Mailing Address
4697 CREEKVIEW LANE OVIEDO, FL. 32765	P.O. Box 931 MINNEOLA, FL. 34755

AUU00010

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6325 N. ORANGE BLOSSOM TRAIL	P.O. Box 931
Suite, Apt. #, etc. SUITE #116	Suite, Apt. #, etc.
City & State ORLANDO FL.	City & State MINNEOLA FL.
Zip / Country 32810 / ORANGE	Zip / Country 34755 / LAKE

4. FEI Number 59-3588319 ☐ 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
JAMES OLIVER 6325 N. ORANGE BLOSSOM TRAIL SUITE 116 ORLANDO, FL 32810	Name: JAMES OLIVER Street Address (P.O. Box Number is Not Acceptable): 6325 N. ORANGE BLOSSOM TRAIL STE. #116 City: ORLANDO FL Zip Code: 32810

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 _____ 4-27-01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT JAMES OLIVER 4697 CREEKVIEW LANE OVIEDO FL 32765	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT ROBERT CUPP JR 1037 ARBOR HILLS CIRCLE CLERMONT, FL. 34711	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (11/00)

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: _____ 4-27-01 407-822-8085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #