

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079445

1. Entity Name

VISIBLE DIMENSIONS INC.

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90959 030 ***150.00

Principal Place of Business 9229 LAKE HICKORY NUT DR WINTER GARDEN FL 34787	Mailing Address 9229 LAKE HICKORY NUT DR WINTER GARDEN FL 34787-9735
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2. Principal Place of Business 1807 PREMIER ROW Suite, Apt. #, etc.	3. Mailing Address 1807 PREMIER ROW Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32809	Zip 32809
Country USA	Country USA

4. FEI Number 59.3598762	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BAIR, STEVEN C 9229 LAKE HICKORY NUT DR WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1807 PREMIER ROW City ORLANDO FL Zip Code 32809

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 _____ (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, 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 NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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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

4/28/00 407/850.9304
Date Daytime Phone #

CR2E034 (9/99)