

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000094736

1. Entity Name
VISORS, INC.

FILED
Apr 11, 2001 8:00 am
Secretary of State
04-11-2001 90061 045 ***150.00

0423701

Principal Place of Business

8619 BOLTON AVE
HUDSON FL 34667

Mailing Address

8619 BOLTON AVE
HUDSON FL 34667

00000400

2. Principal Place of Business

3. Mailing Address

8611 Bolton Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hudson FL

Zip

Country

Zip

34667

Country

USA

4. FEI Number

59-3606570

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

FORSYTHE, JOHN
8619 BOLTON AVE
HUDSON FL 34667

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPTS
NAME FORSYTHE, JOHN
STREET ADDRESS 8619 BOLTON AVE
CITY-ST-ZIP HUDSON FL 34667 ☐ Delete

TITLE DPTS
NAME Forsythe John
STREET ADDRESS 8615 Bolton Ave
CITY-ST-ZIP Hudson FL 34667 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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:

John Forsythe

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-9-2001 727 819 2616

Date

Daytime Phone #

CR2E034 (10/00)