

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097491

1. Entity Name

VISUAL BOOK PRODUCTIONS, INC.

Principal Place of Business

140 SUNPORT LN
ORLANDO FL 32809

Mailing Address

140 SUNPORT LN
ORLANDO FL 32809

2. Principal Place of Business

140 SUNPORT LN

Suite, Apt. #, etc.

3. Mailing Address

140 SUNPORT LN

Suite, Apt. #, etc.

City & State

ORLANDO FL

City & State

ORLANDO FL

4. FEI Number

593606858

Applied For

Not Applicable

Zip

32809

Country

US

Zip

32809

Country

US

5. Certificate of Status Desired ☒\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS

103 N. Meridian Street, Lower Level
Tallahassee, FL 32301

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 of applicant

Signature, typed or printed name of registered agent and title of applicant

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 \$250.00

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 ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

CEO
NELSON N. SABA
140 SUNPORT LN
ORLANDO FL 32819TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

400004217034--6

-05/15/01--01058--004

***158.75 ***158.75

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-STATE-ZIP

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 empowerment.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

Date

407-854-4102

Daytime Phone #