2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000106072 1. Entity Name VISUAL PLASTICS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

2101 MALIBU DR BRANDON FL 33511 2101 MALIBU DR BRANDON FL 33511

2. Principal Place of Business 3. Mailing Address

FILED Jun 05, 2000 8:00 am Secretary of State

05-08-2000 90042 013 ***150.00



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Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State			DO NOT WRITE IN THIS SPACE					
					4. FEI Number 59-36402	203	Applied For Not Applicable			
'ip	Country	Zip	Coun	try	5. Certificate of Status Desir	ed 🗇 💲	\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
			<u> </u>	Name						
BAYNE, NANCY M 2101 MALIBU DR				Street Address (P.O. Box Number is Not Acceptable)						
BRANDON FL 33511										
				City	· ·	FL	Zip Code			

(NOTE: Registered Agent signature required when reinstating)

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 trie if applicable. 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 Atter MAY 1, 2000 Fee will be \$550.00

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

(See criteria on back) Make Check Page		Make Check Payable	e to Department of State						
11. OFFICERS AND DIRECTORS			12.	ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	STREET ADDRESS	2101 M	DENT MALIE DON	HAYNE BU DR FL 3	3511	☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied w	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	d la Continu	110.07/2\(\)(1)	Clorida Stalida	es I further co	Change	Addition)

Indicated on this report or supplied which as ming does not quanty not the exemption stated in because 1 19.07(5)(t), Fronda Statutes. Further certify find the intortation indicated on this report or suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver or Irustee 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.