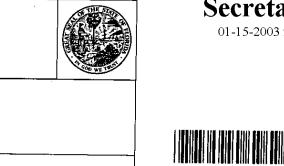
## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

## P95000035320 DOCUMENT #

1. Entity Name

VISTA NATIONAL MANAGEMENT, INC.



## **FILED** Jan 15, 2003 8:00 am Secretary of State 01-15-2003 90316 010 \*\*\*150.00

Principal Pla 4000 N. TAN ORLANDO FI US		s	4000	Mailing Address 4000 N. TANNER RD ORLANDO FL 32826 US							
2. Principal Place of Business			3. Ma	3. Mailing Address			# 1 <b>68</b> 011 <b>06</b> 0   11 <b>6</b>   1860   181111	<b>a</b> n <b>c</b> an <b>a</b> nn a	<b>fi</b> (11 <b>0) i</b> ii		
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			City	City & State			4. FEI Number 59-3312210 Applied For				
Zip Country		Zip	Zip Co		5.	Certificate of Status Des		\$8.75 A	Not Applicable dditional	э	
	6. Name	and Address	of Current Register	ed Agent	<u> </u>	7.	Name and Address of N	lew Registere	Fee Requir	red	$\dashv$
PRICE, CHRISTINE C 4000 N. TANNER RD ORLANDO FL 32826						Name Street Address (P.O. Box Number is Not Acceptable)					
					City			F	Zip Co	de	-
8. The above the obligat	named entity tions of registe	submits this si ered agent.	atement for the purp	oose of changing its r	registered office of	or registered ag	ent, or both, in the State	of Florida. I an	n familiar with	, and accept	1
SIGNATURE	Signature, typed		ristered agent and title if app	olicable. (NOTE:	Registered Agent signa	ture required when a	einstating)	DATE	<del></del>		
After	r May 1, 200	FEE IS \$15 3 Fee will be Florida Depa					9. Election Campaiç Trust Fund Contri		\$5.0 Adde	00 May Be d to Fees	
10.		OFFIC	ERS AND DIRECTO	RS	11,	AD	DITIONS/CHANGES TO	OFFICERS AN	ID DIRECTOR	IS IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVT PRICE, CHI 4000 N. TA ORLANDO	nner RD		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-	PRESIDENTICA K, PI N TANNER ANDO, FL 3	H	☐ Change	Addition	(00/01/ /00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VEL	<del>~~00, ~_3</del>	<del>2826</del>	☐ Change	Addition	TOBO
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				Change	Addition	       
TITLE NAME STREET ADDRESS STY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition	   
ITLE IAME TREET ADDRESS ITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,			Change	☐ Addition	
ITLE AME TREET ADDRESS ITY-ST-ZIP		_		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			-	☐ Change	☐ Addition	I

12. 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 10 or Block 11 if

SIGNATURE: