

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90179 048 ***150.00



CHECK HERE IF MAKING CHANGES

DOCUMENT # 650055		1. Entity Name VISTA ESTATES, INC.	
Principal Place of Business 800 N HIGHLAND AVE 200 ORLANDO FL 32835 US		Mailing Address 800 N HIGHLAND AVE 200 ORLANDO FL 32835 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
4. FEI Number 59-1931983	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required		
Zip 32803	Country	Zip 32803	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIRA, LEE 3900 S. HIAWASSEE RD. 107 ORLANDO FL 32835		Name <u>Warren E. Williams</u> Street Address (P.O. Box Number is Not Acceptable) <u>800 N. Highland Ave</u> City <u>Orlando</u> FL Zip Code <u>32803</u>	

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE WARREN E. WILLIAMS DATE 2-11-03
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEISNER, ERIC S. 3300 S. HIAWASSEE RD. STE #107 ORLANDO FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOOD, GREGORY H 3300 S HIAWASSEE RD. #107 ORLANDO FL 32835	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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 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 type="checkbox"/> Addition
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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 changed, or on an attachment with an address, with all other I am empowered.

SIGNATURE: ERIC S. PEISNER **SIGNATURE REQUIRED** President 2-10-03 407-297-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)