

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 727223

1. Entity Name

VANTAGE VIEW, INC.

Principal Place of Business

2841 NORTH OCEAN BLVD
FT. LAUDERDALE FL 33308

Mailing Address

2841 NORTH OCEAN BLVD
FT. LAUDERDALE FL 33308

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-1723358

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DISMAS, JAMES R
2841 NORTH OCEAN BOULEVARD
FT. LAUDERDALE FL 33308

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

James R. Dismas

James R. Dismas

21 MAR 01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

T ☐ Delete
NAME TYSENN, JOSEPH E
STREET ADDRESS 2841 N. OCEAN BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33308

D ☒ Delete
NAME CORSER, MARY M
STREET ADDRESS 2841 N. OCEAN BLVD.
CITY-ST-ZIP FT LAUDERDALE FL

R ☐ Delete
NAME President
NAME DISMAS, JAMES
STREET ADDRESS 2841 NORTH OCEAN BLVD.
CITY-ST-ZIP FT LAUDERDALE FL 33308

D ☐ Delete
NAME Secretary
NAME ECKHOUSE, DOROTHY M
STREET ADDRESS 2841 N OCEAN BLVD.
CITY-ST-ZIP FT LAUDERDALE FL

D ☐ Delete
NAME Vice PRESIDENT
NAME MOSKAL, BOBERT
STREET ADDRESS 2841 N. OCEAN BLVD
CITY-ST-ZIP FORT LAUDERDALE FL 33308

D ☒ Delete
NAME
NAME MILLER, ROBERT
STREET ADDRESS 2841 N. OCEAN BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL 33308

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

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 617, 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 like empowered.

SIGNATURE:

Dorothy M. Eckhouse
Dorothy M. Eckhouse

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/01

Date

954/563-3155

Daytime Phone #

CR2E037 (10/00)

FILED
Mar 28, 2001 8:00 am
Secretary of State

03-28-2001 90194 027 ****61.25

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DO NOT WRITE IN THIS SPACE