

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 18, 2000 8:00 am**  
**Secretary of State**

01-18-2000 90196 015 \*\*\*150.00

DOCUMENT # **L94876**

1. Entity Name  
**VIVECA HOLT, INC.**

Principal Place of Business 122 N CARVER FL 33510-4527	Mailing Address 122 N CARVER BRANDON FL 33511-5116 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 220 W. BRANDON BLVD Suite, Apt. #, etc. Suite 100 City & State BRANDON FL Zip 33511-5116   Country USA	3. Mailing Address 220 W. Brandon Blvd Suite, Apt. #, etc. Suite 100 City & State Brandon, FL Zip 33511-5116   Country USA
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4. FEI Number <b>59-3048481</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
**HOLT, VIVECA**  
 122 N CARVER  
 BRANDON FL 33511

*Note address  
Change please*

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00**  
**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 NAME STREET ADDRESS CITY-ST-ZIP	DPV HOLT, VIVECA 7175 E. BANK DR. TAMPA FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLT, VIVECA 7175 E. BANK DR. TAMPA FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE: Viveca Holt **REQUIRED** 1-6-00 813-689-5260

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)