

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # *P-0000000 2576*

1. Entity Name

ALTA VISTA HANDIC INC.

Principal Place of Business Mailing Address

*2806 W. SAM ALLEN RD.
PLANT CITY, FL. 33565*

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0974173

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

C0068612

6. Name and Address of Current Registered Agent

*WILLIAM W. SIPP
2806 W. SAM ALLEN RD.
PLANT CITY, FL. 33565*

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

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

(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, 2001 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 *PRES. - TREASURER* ☐ Delete
NAME *WILLIAM W. SIPP*
STREET ADDRESS *2806 W. Sam Allen Rd.*
CITY-ST-ZIP *Plant City, FL. 33565* ☐ Delete

TITLE *Secretary*
NAME *VIRGINIA BUELA-SIPPLE* ☐ Delete
STREET ADDRESS *2806 W. Sam Allen Rd.*
CITY-ST-ZIP *Plant City, FL. 33565* ☐ Delete

TITLE *Secretary*
NAME *VIRGINIA BUELA-SIPPLE* ☐ Delete
STREET ADDRESS *2806 W. Sam Allen Rd.*
CITY-ST-ZIP *Plant City, FL. 33565* ☐ Delete

TITLE ☐ Delete
NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

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NAME ☐ Delete
STREET ADDRESS ☐ Delete
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME ☐ Change ☐ Addition
STREET ADDRESS ☐ Change ☐ Addition
CITY-ST-ZIP ☐ Change ☐ 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: *W. Sipp* - *VIRGINIA BUELA-SIPPLE* *5-1-01* *(813) 719-3548*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)