

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P00000041522****1. Entity Name**
VISTA FINANCIAL SERVICES INC.**FILED**
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90022 001 ***450.00

Principal Place of Business**11213 SE 53RD CT.**
BELLEVIEW FL 34421**Mailing Address****11213 SE 53RD CT.**
BELLEVIEW FL 34421**2. Principal Place of Business**

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State**Belleview FL.****Zip****Country****34421****Country****Marion****4. FEI Number****59-363 9389****Applied For****Not Applicable****5. Certificate of Status Desired**☐**\$8.75 Additional**
Fee Required**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MILLS, JOE JR.**
11213 SE 53RD CT.
BELLEVIEW FL 34421**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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE**
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MILLS, JOE JR.
11213 SE 53RD CT.
BELLEVIEW FL 34421 ☐ Delete**TITLE**
NAME
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CITY-ST-ZIP ☐ Change ☐ Addition**TITLE**
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CITY-ST-ZIP ☐ Delete**TITLE**
NAME
STREET ADDRESS
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)