

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED

02 FEB 14 AM 10:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000098459 AMENDED 2/11/02

1. Entity Name:

VISTA PARK MANAGEMENT SERVICES INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
2025 FLORENCES VILLA
SUITE, APT. #, ETC.
GREENE ROAD
CITY & STATE
DAVENPORT FL
ZIP
33837 COUNTRY
U.S.A.

3. Mailing Address
2025 FLORENCES VILLA
SUITE, APT. #, ETC.
GREENE ROAD
CITY & STATE
DAVENPORT FL
ZIP
33837 COUNTRY
U.S.A.

DO NOT WRITE IN THIS SPACE

4. FEI Number
89-3677197
Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DEREK A. WELING
Street Address (P.O. Box Number is Not Acceptable)
321 VISTA DRIVE
City
DAVENPORT FL Zip Code
33837

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
D A WELING VICE PRESIDENT
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

2/11/02
DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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
PRESIDENT
JOAO EMILIO PEREIRA
2025 FLORENCES VILLA GREENE RD
DAVENPORT FL 33837

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
DEREK A. WELING
321 VISTA DRIVE
DAVENPORT FL 33837

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY AND TREASURER
JESSY B. WELING
321 VISTA DRIVE
DAVENPORT FL 33837

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowerments.

SIGNATURE: D. A. WELING DEREK A. WELING
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/02 AMENDED 863 420 7039
Date Daytime Phone #

032E034B (12/01)