

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

3/15

**FILED**  
**Apr 21, 2002 8:00 am**  
**Secretary of State**

03-19-2002 90029 043 \*\*\*150.00

**DOCUMENT # P01000086596**

1. Entity Name

VIAGGIO, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1740 SUNSET VIEW CR.

Suite, Apt. #, etc.

3. Mailing Address

1740 SUNSET VIEW CR.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

APOKA FL

City & State

APOKA FL

4. FEI Number

593753996

Applied For

Not Applicable

Zip

32703

Country USA

ORANGE

Zip

32703

Country USA

USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

REBECCA E. TRYBUS

Street Address (P.O. Box Number is Not Acceptable)

1740 SUNSET VIEW CIRCLE

City

APOKA

FL

Zip Code

32703

**DO NOT WRITE  
IN THIS SPACE**

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

*Rebecca E. Trybus*

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

FEBRUARY 26, 2002

(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)

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  
REBECCA E. TRYBUS  
1740 SUNSET VIEW CIRCLE  
APOKA FL 32703

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VICE PRESIDENT  
JENNY GATES  
8805 BABCOCK ST  
PALM BAY FL 32909

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
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CITY-ST-ZIP

**DO NOT WRITE  
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)(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 on an attachment with an address with all other like empowered.

SIGNATURE:

*Rebecca E. Trybus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEBRUARY 26, 2002 (407)884-8151

Date

Daytime Phone #

CR2E034B (12/01)