2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P01000096618

1. Entity Name

VISTO ESTATE, INC.



FILED Apr 14, 2003 8:00 am Secretary of State

04-14-2003 90359 015 ***158.75

Mailing Address Mailing Ad						
Sulle. Apl. 4, etc. Sulle. Apl. 4, etc. Sulle. Apl. 4, etc. City & State	11300 US HV	VY ONE STE 203	1130	O US HWY ONE STE 203		
City & State Country City City FL City	2. Principal	Place of Business	3. Ma	3. Mailing Address		
Country Coun	Suite, Apt. #, etc.		Sui	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES
FRICKER, H. MAX 11300 US HWY ONE STE 203 N PALM BCH FL 33408-3201 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. I am familiar with, and accept when obligations or registered agent. SIGNATURE Signature, speace or proses named inspired agent are little flagskable. International protections agent a	City & State		City	City & State		66-11462(1/
FRICKER, H. MAX 11300 US HWY ONE STE 203 N PALM BCH FL 33408-3201 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent and the flagsbaside. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	Zip	Country	Zìp	Cc	ountry	
FRICKER, H. MAX 11300 US HWY ONE STE 203 N PALM BCH FL 33408-3201 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar, with. and accept one obligations of registered agent. SIGNATURE Signature This Now!!! FEE IS \$150.00		6. Name and Addres	ss of Current Register	ed Agent		7. Name and Address of New Registered Agent
11300 US HWY ONE STE 203 PALM 8Ch FL 33408-3201 City FL Zip Code			e Total Guerran	e in Topin de entre en	Name	
8. The above named entity submits this statement for the purpose of changing lis registered agent, or both, in the State of Florida. I am familiar with, and accept for the obligations of registered agent. SignAtURE SignAture Sig	11300 US HWY ONE STE 203				Street Addres	ss (P.O. Box Number is Not Acceptable)
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and the Tarputcable. (NOTE Registered Agent signature required when reintaling) DATE					0.1	— 7: 0-4-
SIGNATURE Signature, typed or prined norm of registered agent and tille if applicable. (NOTE Registered Agent signature required when retriatating)					City	FL Zip Code
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE MAME STREET ADDRESS CITY-ST-2PP TITLE MAME STREET ADDRES	the obliga	ations of registered agent.				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S	Afte	er May 1, 2003 Fee will	be \$550.00			Trust Fund Contribution. Added to Fees
NAME STREET ADDRESS CITY-ST-ZIP TITLE OBEIT OB	10.	 	FICERS AND DIRECTO	ORS 1	11.	
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	FRICKER, H. MAX 11300 US HWY ONE			NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS				NAME STREET ADDRESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS				NAME STREET ADORESS	☐ Change ☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	NAME STREET ADDRESS			:	NAME STREET ADDRESS	☐ Change ☐ Addition
TITLE Delete TITLE Change Claddition		<u> </u>				
	STREET ADDRESS			:	NAME STREET ADDRESS	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

H. Max Fricker/Director 1/20/03

561-625-1005