

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2002 8:00 am**  
**Secretary of State**  
 05-03-2002 90160 010 \*\*\*150.00

**DOCUMENT # P96000045918**

**1. Entity Name**  
**VESTEVA CORPORATION**

**Principal Place of Business**

**1832 SW 50TH TERR**  
**CAPE CORAL FL 33914**

**Mailing Address**

**1832 SW 50TH TERRACE**  
**CAPE CORAL FL 33914**

**2. Principal Place of Business**

**11036 Harbour Yacht CT**  
**Suite, Apt. #, etc.**  
**201**

**3. Mailing Address**

**P.O. Box 101118**

**Suite, Apt. #, etc.**

**City & State**

**Fort Myers**

**City & State**

**Cape Coral 33910**

**Zip**

**33908**

**Country**

**FL**

**Zip**

**FL**

**Country**

**FL**

**4. FEI Number**

**65-0667371**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**VELTER, EVA**  
**1832 SW 50TH TERRACE**  
**CAPE CORAL FL 33514**

**7. Name and Address of New Registered Agent**

**Name**  
**Vetter Eva**

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

**11036 Harbour Yacht CT 201**

**City**  
**Fort Myers**

**FL**

**Zip Code**  
**33908**

**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]*

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

(NOTE: Registered Agent signature required when reinstating)

**DATE**

**4/10/02**

**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, 2002 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**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> <b>VELTER, RUEDIGER</b> <b>1832 SW 50TH TERRACE</b> <b>CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DP</b> <b>Vetter Ruediger</b> <b>11036 Harbour Yacht CT 201</b> <b>Fort Myers 33908</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VST</b> <b>VELTER, EVA</b> <b>1832 SW 50TH TERRACE</b> <b>CAPE CORAL FL 33914</b>	<input checked="" type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VST</b> <b>Vetter Eva</b> <b>11036 Harbour Yacht CT 201</b> <b>Fort Myers 33908</b>	<input checked="" type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Delete</b>	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> <b>Change</b> <input type="checkbox"/> <b>Addition</b>

CR2E034 (9/01)

**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]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/18/02**

**2394333852**

**Date**

**Daytime Phone #**