FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90112 015 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000003266

1. Entity Name

Vista Marketing & Sales, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2395 NW 120th Ln	2395 NW 120th Ln
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Springs, FL	City & State: Coral Springs, FL
Zip: 33065 Country: USA ~~Broward~~	Zip: 33065 Country: USA ~~Broward~~

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-1392271 ☐ 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: John M Grant

Street Address (P.O. Box Number is Not Acceptable): 2395 NW 120th Ln

City: Coral Springs FL Zip Code: 33065

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	John M Grant
STREET ADDRESS	2395 NW 120th Ln
CITY-ST-ZIP	Coral Springs, FL 33065
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

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 on an attachment with an address, with all other like empowerment.

SIGNATURE: John Grant John M Grant 4/10/03 954-340-0350

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #