

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000049648

1. Entity Name

PRIMA VISTA CORPORATION

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90001 015 ***150.00

Principal Place of Business

Mailing Address

801 MAPLEWOOD DRIVE
SUITE 17
JUPITER FL 33458

801 MAPLEWOOD DRIVE
SUITE 17
JUPITER FL 33458-8852

2. Principal Place of Business

801 Maplewood Drive

3. Mailing Address

901 Maplewood Drive

Suite, Apt. #, etc.

Suite 17

Suite, Apt. #, etc.

Suite 17

City & State

Jupiter, FL

City & State

Jupiter

Zip

33458

Country

USA

Zip

33458

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0769085

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRIS, JOHN E
721 U.S. HIGHWAY ONE
SUITE 205
NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Morris, John E

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

801 Maplewood Drive

Suite 17

City

Jupiter

FL

Zip Code

33458

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

(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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, JOHN E	
STREET ADDRESS	721 U.S. HIGHWAY ONE	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	owner	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	John E. Morris	
STREET ADDRESS	801 Maplewood Dr Ste 17	
CITY-ST-ZIP	Jupiter, FL 33458	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #