

DOCUMENT # P97000057599

1. Entity Name

GENERAL ECLECTIC OF CENTRAL FLORIDA, INC.

Principal Place of Business
425 WEST MINNEOLA AVENUE
CLERMONT FL 34711

Mailing Address
425 WEST MINNEOLA AVENUE
CLERMONT FL 34711

2. Principal Place of Business

1012 1/2 WENTROP LANE

Suite, Apt. #, etc.

3. Mailing Address

1012 1/2 WENTROP LANE

Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

Zip

32804

Country

U.S.A.

Zip

32804

Country

U.S.A.

4. FEI Number

59-3457666

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

VITI, VICTOR V

425 WEST MINNEOLA AVENUE
CLERMONT FL 34711

7. Name and Address of New Registered Agent

Name

VITI, VICTOR V

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

1012 1/2 WENTROP LANE

City

ORLANDO

FL

Zip Code

32804

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

Victor V. Viti

VICTOR V. VITI

3/26/02

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, 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

TITLE PD
NAME VITI, VICTOR V
STREET ADDRESS 425 WEST MINNEOLA AVENUE
CITY-ST-ZIP CLERMONT FL 34711 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☒ Change ☐ Addition
NAME VITI, VICTOR V
STREET ADDRESS 1012 1/2 WENTROP LANE
CITY-ST-ZIP ORLANDO, FL 32804

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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.

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90975 046 ***150.00



DO NOT WRITE IN THIS SPACE

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