

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

04-14-2003 90100 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P97000057599

1. Entity Name
GENERAL ECLECTIC OF CENTRAL FLORIDA, INC.



Principal Place of Business
**1012 1/2 WENTROP LANE
ORLANDO, FL 32804**

Mailing Address
**1012 1/2 WENTROP LANE
ORLANDO, FL 32804**

2. Principal Place of Business
687 W. LAKESHORE DR.
Suite, Apt. #, etc.

3. Mailing Address
687 W. LAKESHORE DR.
Suite, Apt. #, etc.

City & State
CLERMONT FL

City & State
CLERMONT, FL

4. FEI Number
59-3457666

Applied For
☐ Not Applicable

Zip
34711

Country
U.S.A.

Zip
34711

Country
USA

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VITI, VICTOR V
1012 1/2 WENTROP LANE
ORLANDO, FL 32804**

Name
VITI, VICTOR V

Street Address (P.O. Box Number is Not Acceptable)
687 W. LAKESHORE DR.

City
CLERMONT

FL Zip Code
34711

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]

VICTOR V. VITI

3/26/03

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

(NOTE: Registered Agent Signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VITI, VICTOR V
687 W. LAKESHORE DR.
CLERMONT, FL 34711** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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.

SIGNATURE:

[Signature]

VICTOR V. VITI

3/26/03

352 394 1303

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)