

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

02 FEB -6 PM 3:58

DOCUMENT # P98000014959

1. Entity Name

VISTAPARK DEVELOPMENT INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2025 FLORENCE VILLA

3. Mailing Address

2025 FLORENCE VILLA

Suite, Apt. #, etc.

GROVE ROAD

Suite, Apt. #, etc.

GROVE ROAD

City & State

DAVENPORT FL

City & State

DAVENPORT FL

Zip

33837

Country

USA

Zip

33837

Country

USA

4. FEI Number

59-3495476

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

DEREK A. WELING

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

321 VISTA DRIVE

City

DAVENPORT

FL

Zip Code

33837

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

D. A. Weling

VIC PRESIDENT

2/4/02

(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. ☒

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT
JOAO EMILIO PEREIRA
2025 FLORENCE VILLA GROVE ROAD
DAVENPORT FL 33837

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VICE PRESIDENT
DEREK A. WELING
321 VISTA DRIVE
DAVENPORT FL 33837

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
SECRETARY / TREASURER
JESSIE BEN WELING
321 VISTA DRIVE
DAVENPORT FL 33837

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

2/4/02

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

D. A. Weling

2/4/02

1-863 420 7039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)