

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90092 044 ***158.75

DOCUMENT # P99000073765

1. Entity Name
VIVA VITA, INC.

Principal Place of Business

1220 TURNER STREET SUITE 3
CLEARWATER FL 33756

Mailing Address

1220 TURNER STREET SUITE 3
CLEARWATER FL 33756

643007



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1648 Pine Place
Suite, Apt. #, etc.

3. Mailing Address

1648 Pine Place
Suite, Apt. #, etc.

City & State

Clearwater, FL

Zip

33755

Country

USA

City & State

Clearwater, FL

Zip

33755

Country

USA

4. FEI Number 59-3533372

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

JESCHKE, HANS PETER
1815 SUNSET DRIVE
CLEARWATER FL 33755

7. Name and Address of New Registered Agent

Name Hans Peter Jeschke

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

1648 Pine Place

City Clearwater

FL

Zip Code

33755

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

Hans Peter Jeschke, Pres. 4-16-01

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, 2001 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 type="checkbox"/> Delete
NAME	JESCHKE, HANS PETER	
STREET ADDRESS	1815 SUNSET DRIVE	
CITY-ST-ZIP	CLEARWATER FL 33755	
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	P+D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hans Peter Jeschke	
STREET ADDRESS	1648 Pine Place	
CITY-ST-ZIP	Clearwater, FL 33755	
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		
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

Hans Peter Jeschke, Pres. 4-16-01

Date

Daytime Phone #

727-446-8482

CR2E034 (10/00)