

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **P99000073721**

1. Entity Name

**VISTA HOMES INC**

02 FEB -6 PM 3:55

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2025 FLORENCES VILLA**

Suite, Apt. #, etc.

**GROVE ROAD**

City & State

**DAVENPORT FL**

Zip  
**33837**

Country

**USA**

3. Mailing Address

**2025 FLORENCES VILLA**

Suite, Apt. #, etc.

**GROVE ROAD**

City & State

**DAVENPORT FL**

Zip  
**33837**

Country

**USA**

DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3606299**

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** VICE 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. ☒  
(See criteria on back)

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 FLORENCES VILLA GROVE RD  
DAVENPORT FL 33837**

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**SECRETARY / TREASURER  
JESSY BEU WELING  
321 VISTA DRIVE  
DAVENPORT FL 33837**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowers.

SIGNATURE:

**D. A. Weling** DEREK ALAN WELING

**2/4/02**

**1-883-420-7039**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E0348-1201