

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 29, 2001 8:00 am
Secretary of State

03-29-2001 90415 001 ***150.00

0048740

DOCUMENT # V11975

1. Entity Name

VIA APPIA, INC.

Principal Place of Business

Mailing Address

362 COMMERCE WAY
 STE 116
 LONGWOOD FL 32750
 US

362 COMMERCE WAY
 STE 116
 LONGWOOD FL 32750
 US

00043111



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3110655

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~DULIN, RAMSEY-W~~
 201 S ORANGE AVE
 SUITE 1090
 ORLANDO FL 32801

Name

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

201 E. PINE STREET

SUITE 485

City ORLANDO

FL

Zip Code 32801

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	SCHIANO, BIAGIO	872 CRESTON DR	MAITLAND FL 32751	<input type="checkbox"/>
PVTS	LEHMANN, KEITH	502 RIVIERA DR	ALTAMONTE SPRINGS FL 32701	<input checked="" type="checkbox"/>
AS	MELVIN, SALLI A	1700 SMOKETREE CIRCLE	APOPKA FL 32712	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PRESIDENT, DIRECTOR	SCHIANO BIAGIO	872 CRESTON DRIVE	MAITLAND, FL 32751	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT	LUONG MOC TRAN	8143 MORITZ COURT	ORLANDO, FL 32825	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SECRETARY	CATHERINE I. KASHINS	2521 EKANA DR.	OVIEDO FL 32765	<input type="checkbox"/>	<input checked="" type="checkbox"/>
TREASURER	CELINA P. ROE	1202 BENT OAK TRAIL	ALTAMONTE SPRINGS, FL 32714	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

Catherine Kashins
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3/15/01

Daytime Phone #

(407)830-5338

CR2E034 (10/00)