

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 362 COMMERCE WAY STE 116 LONGWOOD FL 32750 US | Mailing Address 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D SCHIANO, BIAGIO 872 CRESTON DR MAITLAND FL 32751 | <input type="checkbox"/> Delete |
|--|---|---------------------------------|

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT, DIRECTOR SCHIANO BIAGIO 872 CRESTON DRIVE MAITLAND, FL 32751 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|--|

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PVTS LEHMANN, KEITH 502 RIVIERA DR ALTAMONTE SPRINGS FL 32701 | <input checked="" type="checkbox"/> Delete |
|--|--|--|

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VICE PRESIDENT LUONG MOC TRAN 8143 MORITZ COURT ORLANDO, FL 32825 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|--|--|--|

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS MELVIN, SALLI A 1700 SMOKETREE CIRCLE APOPKA FL 32712 | <input checked="" type="checkbox"/> Delete |
|--|---|--|

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SECRETARY CATHERINE I. KASHINS 2521 EKANA DR. OVIEDO FL 32765 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|--|--|--|

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TREASURER CELINA P. ROE 1202 BENT OAK TRAIL ALTAMONTE SPRINGS, FL 32714 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
|--|--|--|

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
|--|--|---------------------------------|

| | | |
|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|--|--|---|

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)