

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**  
 05-27-2002 90472 008 \*\*\*150.00

0077874 AV

**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**

2. Principal Place of Business

**385 Commerce Way**  
 Suite, Apt. #, etc.

3. Mailing Address

**385 Commerce Way**  
 Suite, Apt. #, etc.

City & State

**Longwood, FL**

City & State

**Longwood, FL**

4. FEI Number

**59-3110655**

Applied For

Not Applicable

Zip

**32750**

Country

**US**

Zip

**32750**

Country

**US**

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DULIN, RAMSEY W  
 201 E. PINE STREET  
 SUITE 425  
 ORLANDO FL 32801**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2002 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 **PD** ☐ Delete  
 NAME **SCHIANO, BIAGIO**  
 STREET ADDRESS **872 CRESTON DR**  
 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE **VP** ☐ Delete  
 NAME **TRAN, LUONG M**  
 STREET ADDRESS **8143 MORITZ COURT**  
 CITY-ST-ZIP **ORLANDO FL 32825**

TITLE **S** ☒ Delete  
 NAME **KASHUS, CATHERINE I**  
 STREET ADDRESS **2521 EKANA DR**  
 CITY-ST-ZIP **OVIDO FL 32765**

TITLE **T** ☐ Delete  
 NAME **ROE, CELINA P**  
 STREET ADDRESS **1202 BENT OAK TRAIL**  
 CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714**

TITLE **Secretary** ☐ Delete  
 NAME **Milliard, John**  
 STREET ADDRESS **1467 Creekside Circle**  
 CITY-ST-ZIP **Winter Springs, FL 32708**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
 NAME **Secretary**  
 STREET ADDRESS **Milliard, John**  
 CITY-ST-ZIP **1467 Creekside Circle**  
**Winter Springs, FL 32708**

TITLE ☐ Change ☐ 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:

**Celina P. Roe**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/29/02**

Date

**407-830-5338**

Daytime Phone #

CR2E034 (9/01)