FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90199 050 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V20627

10062901

1. Entity Name
ALTA VISTA INC.

Principal Place of Business
~~1156 HOLLOW PINE DR~~
~~OVIEDO, FL 32765~~

Mailing Address
~~1156 HOLLOW PINE DR~~
~~OVIEDO, FL 32765~~

2. Principal Place of Business	3. Mailing Address
15 COLONIAL DRIVE	15 COLONIAL DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: COCOA BEACH	City & State: COCOA BEACH
Zip: 32931 Country: USA	Zip: 32931 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 59-3122559 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

COX, PAUL ANTHONY
~~1156 HOLLOW PINE DR~~
~~OVIEDO, FL 32765~~

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 15 COLONIAL DRIVE
City: COCOA BEACH FL Zip Code: 32931

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Paul A. Cox — 4/06/03
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating) — DATE

FILING FEE IS $150.00 After May 1, 2003 Fee will be $550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COX, PAUL ANTHONY ~~1156 HOLLOW PINE DR~~ ~~OVIEDO, FL 32765~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15 COLONIAL DRIVE COCOA BEACH, FL 32931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul A. Cox President 4/06/03 4074157934
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #