

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2000 8:00 am
Secretary of State

05-17-2000 90945 027 ***150.00

DOCUMENT # V58460

1. Entity Name

H V/F V C, INC.

Principal Place of Business
 4164 SOUTH ATLANTIC AVENUE
 NEW SMYRNA BEACH FL 32169

Mailing Address
 4164 SOUTH ATLANTIC AVENUE
 NEW SMYRNA BEACH FL 32169-3711

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3140712**

Applied For

Not Applicable

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

~~NELSON, CAROL
 1523 UMBRELLA TREE DRIVE
 EDGEWATER FL 32132~~

Name **VITO E. CRISTALLO (President)**

Street Address (P.O. Box Number is Not Acceptable)
6186 SABAL POINT CIRCLE

City **PORT ORANGE** **FL** Zip Code **32124**

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, 2000 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 | PVS CRISTALLO, VITO E. JR. 6186 SABAL PT CIR PORT ORANGE FL <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD CRISTALLO, VITO E. JR. 6186 SABAL PT CIR PORT ORANGE FL <input type="checkbox"/> Delete |
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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: **VITO E. CRISTALLO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VITO E. CRISTALLO **4/27/2000 (904) 423-7773**

Date

Daytime Phone #

Act. 2pm

CR2E034 (9/99)