## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000097190

Entity Name: VIERA BUILDERS, INC.

## **Current Principal Place of Business:**

7380 MURRELL ROAD SUITE 202 VIERA, FL 32940

## Current Mailing Address:

P.O. BOX 620257 OVIEDO, FL 32762-0257 US

# FEI Number: 20-3123670

### Name and Address of Current Registered Agent:

DECATOR III, JAY A 7380 MURRELL ROAD SUITE 201 VIERA, FL 32940 US Certificate of Status Desired: No

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:

Electronic Signature of Registered Agent

## Officer/Director Detail :

••			
Title	DVP	Title	VP
Name	WEEKS, JR., PALMER B	Name	DUDA, DAVID J
Address	1200 DUDA TRAIL	Address	1200 DUDA TRAIL
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765
Title	AT	Title	
Name	MITCHELL, AMY	Name	CHAPMAN, TRACY D
Address	1200 DUDA TRAIL	Address	1200 DUDA TRAIL
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	OVIEDO FL 32765
Title	DVPT	Title	PRESIDENT, COO
Name	ENGWALL, MARK E	Name	MOORE, WILLIAM M
Address	1200 DUDA TRAIL	Address	7380 MURRELL ROAD SUITE 202
City-State-Zip:	OVIEDO FL 32765	City-State-Zip:	VIERA FL 32940
Title Name	VP/AT MARTELL, PAUL JJR.	Title	
Address	7380 MURRELL ROAD SUITE 201	Name Address	CROWE, NICK 7380 MURRELL ROAD SUITE 202
City-State-Zip:	VIERA FL 32940	City-State-Zip:	VIERA FL 32940

## Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

# SIGNATURE: TRACY DUDA CHAPMAN

SVP

Date

Electronic Signature of Signing Officer/Director Detail

Date

#### **Officer/Director Detail Continued :**

Title	S	Title	AS
Name	DECATOR, JAY A III	Name	GAINEY, ANN M
Address	7380 MURRELL ROAD SUITE 201	Address	1200 DUDA TRAIL OVIEDO FL 32765
City-State-Zip:	VIERA FL 32940	ony-orate-zip.	OVIEDO 1ºE 32703