

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P12000086362

Entity Name: SUMMIT VISTA INC.

Current Principal Place of Business:

ROBINSON & OLD TRAIL RD
NEW PROVIDENCE BAHAMAS,

Current Mailing Address:

ROBINSON & OLD TRAIL RD
NEW PROVIDENCE BAHAMAS, BS

FEI Number: 99-0381545

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Date

Officer/Director Detail :

Title D
Name GOMEZ, JOHN
Address ROBINSON & OLD TRAIL RD
City-State-Zip: NEW PROVIDENCE BAHAMAS

Title D
Name MEADS, PAULA
Address 4558 35TH STREET
City-State-Zip: ORLANDO FL 32811

Title D
Name BUTLER, FRANKLYN
Address ROBINSON & OLD TRAIL RD
City-State-Zip: NEW PROVIDENCE BAHAMAS

Title SECRETARY
Name JOHNSON, FELICITY
Address ROBINSON & OLD TRAIL RD
City-State-Zip: NEW PROVIDENCE BAHAMAS

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: PAULA MEADS

DIRECTOR

04/08/2019

Electronic Signature of Signing Officer/Director Detail

Date