

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91308 024 ***150.00

DOCUMENT # P99000077720
 1. Entity Name
MARK VITALI AND DAVID CAMPBELL INCORPORATED

Principal Place of Business Mailing Address
14640 SW 17 COURT **14640 SW 17 COURT**
DAVIE FL 33325-5921 **DAVIE FL 33325-5921**

2. Principal Place of Business 3. Mailing Address
2217 S.W. 58th WAY **PO BOX 290342**
 Suite, Apt. #, etc. **# 3** Suite, Apt. #, etc.

City & State City & State
HOLLYWOOD, FL. **DAVIE, FL.**
 Zip Country Zip Country
33023 **BROWARD** **33329** **BROWARD**

4. FEI Number Applied For
65-0952934 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DAGEN, SHELDON D
800 CORP DRIVE
SUITE 220
FT. LAUDERDALE FL 33334

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: *Mark Vitali*
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	NAME	TITLE	NAME
	P CAMPBELL, DAVID H 14640 SW 17 COURT DAVIE FL 33325	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	VP VITALI, MARK R 11708 SW 59TH CT COOPER CITY FL 33330	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Mark Vitali* *MARK R. VITALI* **30 APR 02** **954-520-6232**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

AY 1500000

CR2E034 (9/01)