

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State
01-27-2003 90150 042 ***150.00

DOCUMENT # 388179

1. Entity Name
VITALITY FOODSERVICE, INC.



Principal Place of Business
**40115 COUNTRY ROAD 54 EAST
ZEPHYRHILLS FL 33540
US**

Mailing Address
**400 N. TAMPA STREET
SUITE 1700
TAMPA FL 33602**



2. Principal Place of Business
400 NORTH TAMPA STREET

3. Mailing Address

Suite, Apt. #, etc.
SUITE 1700

Suite, Apt. #, etc.

City & State

TAMPA, FL

City & State

Zip
33602

Country
HILLSBOROUGH

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
59-1365258

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DOLINER, NATHANIEL L ESQ.
C/O CARLTON FIELDS
777 S. HARBOUR ISLAND BLVD.
TAMPA FL 33602**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! 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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DCEO
PEISER, ROBERT A
831 NORMANDY TRACE RD
TAMPA FL 33602** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCOO
MURRAY, GREG
812 IDLEWOOD DRIVE
TAMPA FL 33609** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
JOHNSON, KIMBERLY
4514 FERNOCROFT CIRCLE
TAMPA FL 33624** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
BUISSON, LOUIS J
5521 PINNACLE HEIGHTS CIRCLE, APT. 208
TAMPA FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
JOHNSON, KIMBERLY S
4514 FERNOCROFT CIRCLE
TAMPA FL** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
KUBICKA, RHIANNON
29 AVENUE B, #6F
NEW YORK NY** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V CFO T ☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
TOM HOOLIHAN
6827 N. WOODRIDGE DRIVE
PARKLAND, FL 33067** ☐ Change ☒ Addition

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:

KIMBERLY S JOHNSON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIMBERLY S JOHNSON

Date

Daytime Phone #

CR2E034 (10/02)