

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 22, 2000 8:00 am
Secretary of State
 08-22-2000 90003 017 ***550.00

DOCUMENT # F97000002791

1. Entity Name
VITAL COMPUTER SERVICES, INC.

Principal Place of Business
6302 FAIRVIEW ROAD, STE 201
CHARLOTTE NC 28210

Mailing Address
6302 FAIRVIEW ROAD, STE 201
CHARLOTTE NC 28210

2. Principal Place of Business

5605 Carnegie Blvd
 Suite, Apt. #, etc.
Suite 500

City & State
Charlotte NC

Zip
28209 Country
USA

3. Mailing Address

5605 Carnegie Blvd.
 Suite, Apt. #, etc.
Suite 500

City & State
Charlotte NC

Zip
28209 Country
USA

4. FEI Number **56-1977714**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

REISCH, ANNIE
STE 204A, GOLDEN ISLES PROFESSIONAL PLAZA
501 GOLDEN ISLES DRIVE
HALLANDALE FL 33009

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

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DRUDGE JR, EDWARD P 6302 FAIRVIEW ROAD, STE 201 CHARLOTTE NC	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAMLETT JR, KEN R 6302 FAIRVIEW ROAD, STE 201 CHARLOTTE NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HUNT, JAMES C 6302 FAIRVIEW ROAD, STE 201 CHARLOTTE NC	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/STICFO Ken R. Bramlett, Jr. 5605 Carnegie Blvd., Ste. 500 Charlotte NC 28209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PIAS James C. Hunt 5605 Carnegie Blvd., Ste. 500 Charlotte NC 28209	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VIAS Michael H. Barker 5605 Carnegie Blvd., Ste. 500 Charlotte NC 28209	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/9/00

Date

704/442-5100

Daytime Phone #

CR2E034 (5/00)