

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 27, 2003 8:00 am**  
**Secretary of State**

01-27-2003 90344 008 \*\*\*150.00

**DOCUMENT # F99000004100**

**1. Entity Name**  
**VITALITY BEVERAGES, INC.**



**Principal Place of Business**  
**400 NORTH TAMPA STREET**  
**TAMPA FL 33602**

**Mailing Address**  
**400 NORTH TAMPA STREET**  
**TAMPA FL 33602**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **52-2174581**

Applied For  
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**DOLINER, NATHANIEL L ESQ.**  
**C/O CARLTON FIELDS**  
**777 S. HARBOUR ISLAND BLVD.**  
**TAMPA FL 33624**

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**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE **CD** ☐ Delete  
NAME **FOLLMER, TODD**  
STREET ADDRESS **5705 COTTAGE CIRCLE**  
CITY-ST-ZIP **PLANO TX 75093**

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

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

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

TITLE **VCFO** ☐ Delete  
NAME **VILJOEN, GARY**  
STREET ADDRESS **13060 SANCTUARY COVE DR**  
CITY-ST-ZIP **TEMPLE TERRACE FL 33637**

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

TITLE **S** ☒ Delete  
NAME **KUBICKA, RHIANNON**  
STREET ADDRESS **29 AVENUE B, #6F**  
CITY-ST-ZIP **NEW YORK NY 10009**

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

TITLE **V** ☒ Delete  
NAME **BUISSON, LOUIS J**  
STREET ADDRESS **5521 PINNACLE HEIGHTS CIRCLE, APT. 208**  
CITY-ST-ZIP **TAMPA FL 33624**

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

TITLE **V** ☐ Delete  
NAME **JOHNSON, KIMBERLY S**  
STREET ADDRESS **4514 FERNCROFT CIRCLE**  
CITY-ST-ZIP **TAMPA FL 33629**

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

**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 **1/17/2003**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)