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

changed, or on an attach

## Sep 15, 2003 8:00 am Secretary of State K83912 DOCUMENT # 1. Entity Name 09-15-2003 90149 026 \*\*\*550 00 VITALIS TRUCKING COMPANY, INC. Principal Place of Business Mailing Address 2023 APOPKA BLVD P O BOX 608017 APOPKA FL 32703 ORLANDO FL 32860-8017 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 59-2952215 Not Applicable · Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. 7:-Name and Address of New Registered Agent Name **BLAKELY, PAUL** Street Address (P.O. Box Number is Not Acceptable) 7701 CASASIA COURT ORLANDO FL 32811 City Zip Code 8. The above name ity submite 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 obligation stered agent. 8-20-03 DATE SIGNATUR (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE ☐ Delete TITLE **BLAKELY, PAUL** NAME NAME STREET ADDRESS STREET ADDRESS 7701 CASASIA COURT CITY-ST-ZIF ORLANDO FL 32811 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE □ Change NAME NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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