

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M64371

1. Entity Name

VITAL-18 ENTERPRISES, INC.

R

Principal Place of Business

4437 HWY 218 E
P.O. BOX 1205
MIDDLEBURG FL 23068
US

Mailing Address

4437 HWY 218 W
P.O. BOX 1205
MIDDLEBURG FL 32050-1205
US

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 59-2865358

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BROWN CLIFFORD R.
1984 REDBUG ALLEY
MIDDLEBURG FL 32068

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 PD
NAME BROWN, CLIFFORD R.
STREET ADDRESS 1984 REDBUG ALLEY
CITY-ST-ZIP MIDDLEBURG FL ☐ Delete

TITLE STD
NAME SHEA, SANDRA W
STREET ADDRESS 8224 LAKE WOODBOURNE DR W
CITY-ST-ZIP JACKSONVILLE FL ☐ Delete

TITLE VPD
NAME CRUSE, OSCAR B.
STREET ADDRESS 2060 CORNELL RD
CITY-ST-ZIP MIDDLEBURG FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. 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 ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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

Oscar B. Cruse
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90010 022 ***400.00

06-29-2000 90632 027 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)