

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91177 010 ***150.00

DOCUMENT # M64371

1. Entity Name
VITAL-18 ENTERPRISES, INC.

Principal Place of Business

**4437 HWY 218 E
P.O. BOX 1205
MIDDLEBURG FL 32068
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

4. FEI Number

59-2865358

Applied For

Not Applicable

Zip

Country

Zip

Country

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 **PATRICIA ANNE BROWN**

Street Address (P.O. Box Number is Not Acceptable)

1984 REDBUG ALLEY

City

Middleburg

FL

Zip Code

32068

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 \$150.00
After May 1, 2002 Fee will be \$550.00
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	<input checked="" type="checkbox"/> Delete
NAME	BROWN, CLIFFORD R.	
STREET ADDRESS	1984 REDBUG ALLEY	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	SHEA, SANDRA W	
STREET ADDRESS	8224 LAKE WOODBOURNE DR W	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CRUSE, OSCAR B	
STREET ADDRESS	2060 CORNELL RD	
CITY-ST-ZIP	MIDDLEBURG FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA ANNE BROWN	
STREET ADDRESS	1984 REDBUG ALLEY	
CITY-ST-ZIP	Middleburg, FL 32068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 #

CR2E034 (9/01)