2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N39365 1. Entity Name

REVITALAX VICTORIAN RESORT, INC.



FILED Apr 23, 2003 8:00 am § Secretary of State

04-23-2003 90266 036 ****70.00

Main Address P.O. BOX 1783	`					ETRO						
Solicity & State Stuttle D Clay & State Greenancres, FL 33463 City & State USA Los County Vip County Signature 8. Name and Address of Current Registered Agent Vis MARCELE-CONEY, DEBRA 225 NORTH D STREET LAKE WORTH FL 33460 8. The Address of Policy Number is Not Acceptable) Signature Signature Signature Debria Marcekile-Coney, Executive Director File Now: FEE Is S61.25 9. Election Campaign Financing Trust Fund Counteration. 11. Address of Policy Number is Not Acceptable) Signature File Now: FEE Is S61.25 9. Election Campaign Financing Trust Fund Counteration. 10. OFFICERS AND DIRECTORS 11. Address of Policy Number is Not Acceptable) Signature Signature File Now: FEE Is S61.25 9. Election Campaign Financing Trust Fund Counteration. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS AND DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 10. 10. OFFICERS CARSON PL. 10. DIRECTORS 11. ADDITIONS CHANGES TO OFFICERS AND DI	225 NORTH D STREET			P.O. BOX 17363			·					
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SUITE D CRY & State Greenacres, FL 33463 City & State Greenacres 6. Name and Address of Current Registered Agent Name ARCELLECONEY, DEBRA 225 NORTH D STREET LAKE WORTH FL 33460 Streen Address (PC, Bix Number is Not Acceptable) STORE Address (PC, Bix Number	5050 Tenth Avenue N.							5 4 18600 15130 0 3161 0 11) 84811 \$181)	Biell Albii elei	1) Brail 1041	
Secretary Secr				Suite, Apt. #, etc.	Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES					
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6. Name and Address of Current Registered Agent MARCELLE-CONEY, DEBRA 225 NORTH D STREET LAKE WORTH Ft. 33460 Street Address (PC Box Number is Not Acceptable) 50:50. Tent'h Avenue. North Suite D City Greenacres FL Zip Code 3346:3 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 Debra Marcelle-Coney, Executive Director FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 12. FOR TAIL DR UNIT D 13. EVERT ADDITIONS 14. EVERT ADDITIONS 15. DE LINE ADDITIONS 15.		I		Zip	ip Country		5 Certificate of Status Desired \$8.75 Additional					
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19. I hereby contifu that the information appoliced with this filling does not qualify for the exemption stated in Continue 110 07/29/i). Florida Statutos Lifurther contifu that the information												

indicated on this report or supplied with this liling 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 617, 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:

4/14/03

561-968-2533