

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N50815

1. Entity Name

IFITZ CORP

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90196 045 \*\*\*\*70.00

Principal Place of Business

Mailing Address

C/O VETS 4 VETS. ATTN: FITZ  
P.O. BOX 401  
BRANDON FL 33509-0401

C/O VETS 4 VETS. ATTN: FITZ  
P.O. BOX 401  
BRANDON FL 33509-0401

2. Principal Place of Business

3. Mailing Address - e-mail:  
vet4Vets@Juno.com

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

58-3135349

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

7. Name and Address of New Registered Agent

FITZGERALD, DAVID J  
542 GOLDEN TRANTREE PLACE  
BLDG 8, APT 542  
BRANDON FL 33509-0401

e-mail: dvdjms@Juno.com

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

David J. Fitzgerald

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1 May 00

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME D  
STREET ADDRESS CAMPBELL, A B  
CITY-ST-ZIP 5901 N.E. 21 ROAD  
FT. LAUDERDALE FL 33308

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS MORRIS, JAN  
CITY-ST-ZIP 7412 DESTIN DRIVE  
TAMPA FL

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS FOSS, BETTY  
CITY-ST-ZIP 8719 N. MEADOWVIEW CIR.  
TAMPA FL 33624

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

TITLE ☐ Delete  
NAME CEA  
STREET ADDRESS FITZGERALD, DAVID J  
CITY-ST-ZIP P.O. BOX 401 N/A  
BRANDON FL 33509-0401

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
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 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:

David J. Fitzgerald

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 May 00

Date

(813) 653-9355

Daytime Phone #

TTY

CR2E037 (9/99)