

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

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90100 017 ****70.00

DOCUMENT # *N50815*
1. Entity Name *IFitz Corp d/b/a Vets 4 Vets*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
7794 Mission Circle
Suite, Apt. #, etc.
135

3. Mailing Address
Vets 4 Vets
Suite, Apt. #, etc.
P.O. Box 7443

City & State
Seminole, FL

City & State
Seminole, FL

Zip
33772- Country
Pinellas

Zip
33775-7443 Country
Pinellas

4. FEI Number
58-3135349

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

7. Name and Address of Current Registered Agent

Name *David J. FitzGerald*

Street Address (P.O. Box Number is Not Acceptable)
7794 Mission Circle

#135

City *Seminole* FL Zip Code *33772-8027*

**DO NOT WRITE
IN THIS SPACE**

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 *DJF Gerald Coordinator*

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

(NOTE: Registered Agent signature required when reinstating)

29 Apr 02

DATE

FEE IS \$61.25
Initial or Amended UBR

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Coordinator
David J. FitzGerald
P.O. Box 7443
Seminole, FL 33775-7443

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director
CMSgt. A.B. Campbell (USAF(Ret))
2501 N.E. 21 Road
33305-2560
33305-2560
FL 33305-2560

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mrs. Beverly A. Plant
7794 Mission Circle #135
33772-8027
Seminole, FL 33775-7443

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Ms. Betty J. Foss
8719 Meadowview Circle, N
Tampa, FL 33625-3751

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Mrs. Jan Morris
7412 Destin Drive
Tampa, FL 33617-4712

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *DJF Gerald*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29 Apr 02

727.398.0685

CR2E037B (12/01)