

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000045776

1. Entity Name

VITAL IMPRESSIONS CONSULTING ENTERPRIZES, INC.

Principal Place of Business

2759 RAINTREE CIRCLE
TALLAHASSEE FL 32308-3827

Mailing Address

2759 RAINTREE CIRCLE
TALLAHASSEE FL 32308-3827

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VICE, CALVIN J SR PHD
2759 RAINTREE CIRCLE
TALLAHASSEE FL 32308-3827

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 \$150.00
After MAY 1, 2001 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
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VICE, CALVIN J SR PHD
2759 RAINTREE CIRCLE
TALLAHASSEE FL 32308-3827

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KING, REBECCA V
131 FOURTH STREET
LITTLE VALLEY NY 14755

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

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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 filers empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime

FILED

01 JUL 12 PM 2:56

SECRETARY OF STATE
00021105 SEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2640946

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2034 (10/00)