

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 04, 2003 8:00 am
Secretary of State

08-04-2003 90150 032 ***550.00

DOCUMENT # P00000084571

1. Entity Name
THE VITALITY CENTER, INC.



Principal Place of Business
3110 STATE ROAD 60 EAST
VALRICO FL 33594

Mailing Address
3110 STATE ROAD 60 EAST
VALRICO FL 33594

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3669843**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRIMPTER, JACQUELYN R
3110 STATE ROAD EAST
VALRICO FL 33594

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Jacquelyn Frimpter

(NOTE: Registered Agent signature required when reinstating)

7/30/03

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00 May Be**
Trust Fund Contribution. ☐ **Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FRIMPTER, JACQUELYN R**
STREET ADDRESS **2914 SPRING HAMMOCK DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33567**

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

TITLE **D** ☐ Delete
NAME **FRIMPTER, BRIAN P**
STREET ADDRESS **2914 SPRING HAMMOCK DRIVE**
CITY-ST-ZIP **PLANT CITY FL 33567**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 607, 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:

Jacquelyn Frimpter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/30/03

Date

813-571-7800
Daytime Phone #

CR2E034 (10/02)

Attachment

80135753
P00000084571

This got mixed in
with my Accountants
papers.

This is painful -

Trumpton