

2002 UNIFORM BUSINESS REPORT (UBR)

0124981
AT

DOCUMENT # P01000035421

1. Entity Name
ELIXIRS VITAE, INC.

FILED

02 JUL 30 AM 9:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3636 LITTLE RD.
LUTZ FL 33549

Mailing Address

3636 LITTLE RD.
LUTZ FL 33549

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

59-3712675

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

SMITH, SMITTY
3802 EHRlich RD., STE. 210
TAMPA FL 33624

7. Name and Address of New Registered Agent

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

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

PRESIDENT
LUCIAN SHILA
3636 LITTLE ROAD
LUTZ, FL 33548

200006978112--6

-08/08/02--01062--016

****150.00 ****150.00

☐ Change ☐ Addition

CR2E034 (4/02)

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 like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-26-02 (813) 969-3800

Date

Daytime Phone #

Attachment PO1000035421

Uniform Business Report
Division of Corporations
P.O. Box 1500
Tallahassee, FL 32302-1500

Re: Elixirs Vitae, Inc.
FEI # 59-3712675

Pursuant to my conversation with your office last week, I am resubmitting this report with the original fee enclosed. This report was mailed in previously (within the original deadline) but apparently misplaced by your office or lost by the mail carrier. Thank you for your assistance.

Sincerely,



Lucjan Shila