

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

03-20-2003 90105 021 ***150.00

DOCUMENT # P02000081788

1. Entity Name
THE VITALITY CONNECTION, INC.



Principal Place of Business
**4903 W. SAN JOSE ST.
TAMPA FL 33629**

Mailing Address
**4903 W. SAN JOSE ST.
TAMPA FL 33629**



2. Principal Place of Business
160 RICARDO WAY NE

3. Mailing Address
160 RICARDO WAY NE

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
ST PETERSBURG, FL

City & State
ST. PETERSBURG, FL

Zip
33704

Zip
33704

Country

4. FEI Number
22-3874962

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**LOWTHER, MARY E
4903 W. SAN JOSE ST.
TAMPA FL 33629**

7. Name and Address of New Registered Agent

Name
LOWTHER, MARY E

Street Address (P.O. Box Number is Not Acceptable)
160 RICARDO WAY NE

City
ST PETERSBURG

State
FL

Zip Code
33704

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 *Mary E Lowther* DATE **3/17/03**

Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LOWTHER, MARY E	
STREET ADDRESS	4903 W. SAN JOSE ST.	160 Ricardo Way NE
CITY-ST-ZIP	TAMPA FL 33629	ST PETERSBURG 33704
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Mary E Lowther* DATE **3/17/03** DAYTIME PHONE # **727.823.5331**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)