

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000058890

1. Entity Name

VITALCAST.COM, INC.

**FILED**  
May 26, 2000 8:00 am  
Secretary of State

05-26-2000 90087 010 \*\*\*150.00

Principal Place of Business Mailing Address  
4908 CREEKSIDE DR 5670 W. CYPRUS 4908 CREEKSIDE DR  
SUITE C SUITE C  
CLEARWATER FL 33760 CLEARWATER FL 33760-4009  
US TAMPA, FL 33607 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address  
5670 W. CYPRUS ST 5670 W. CYPRUS ST  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
SUITE C SUITE C

City & State City & State  
TAMPA FL TAMPA FL

Zip Country Zip Country  
33607 HILLSBOROUGH 33607 HILLSBOROUGH

4. FEI Number 59-312839X Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent  
RAY, DEBORAH A  
4908 CREEKSIDE DRIVE  
SUITE C  
CLEARWATER FL 33760  
CRAICHY, K.C.  
5670 W. CYPRUS ST  
SUITE C  
TAMPA, FL 33607

7. Name and Address of New Registered Agent  
Name K.C. CRAICHY  
Street Address (P.O. Box Number is Not Acceptable) 5670 W. CYPRUS ST SUITE C  
City TAMPA FL Zip Code 33607

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] DATE 4/28/00  
(NOTE: Registered Agent signature required when reinstating)

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, 2000 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAY, DEBORAH A		NAME		
STREET ADDRESS	4908-C CREEKSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROW, DONALD		NAME		
STREET ADDRESS	4908-C CREEKSIDE DR		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAICHY, KC		NAME	5670 W. CYPRUS ST	
STREET ADDRESS	4908 CREEKSIDE DR, STE C		STREET ADDRESS	SUITE C	
CITY-ST-ZIP	CLEARWATER FL 33760		CITY-ST-ZIP	TAMPA, FL 33607	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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] DATE 4/28/00 813-349-1055x100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)