

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90977 015 \*\*\*150.00

**DOCUMENT # P95000080015**

1. Entity Name  
**VITAL INFORMATION SYSTEMS, INC.**



Principal Place of Business  
**1306 W BAREFOOT CIR  
BAREFOOT BAY FL 32976**

Mailing Address  
**P O BOX 780816  
SEBASTIAN FL 32958  
US**



2. Principal Place of Business  
**1306 Barefoot Circle**

3. Mailing Address  
**P.O. Box 780816**

Suite, Apt. #, etc.  
**Barefoot Bay**

Suite, Apt. #, etc.

City & State  
**Florida**

City & State  
**Sebastian, FL**

4. FEI Number **59-3348390**

Applied For  
Not Applicable

Zip  
**32976**

Country  
**US**

Zip  
**32958**

Country  
**US**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Stephen D. Fromang  
ATTY. AT LAW  
1432 21st St.  
Vero Beach, FL 32960**

Name **STEVE FROMANG**  
Street Address (P.O. Box Number is Not Acceptable)  
**1432 21st Street #L  
Vero Beach, FL 32960**  
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

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-25-03**

**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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PVPT MCKINNEY, HEATHER J 1306 W BAREFOOT CIRCLE BAREFOOT BAY FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

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:

**3-7-03 (772)664-5900**

Date Daytime Phone #

CP2E034 (10/02)