2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT#

P96000024682

1. Entity Name VITALINE, INC.



FILED Feb 17, 2003 8:00 am Secretary of State 02-17-2003 90332 048 ***150.00

Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State Country S. Certificate of Status Desired \$8.75 Addition Fee Required Nor. Ap OWEN, GEORGE E JR Street Address of Now Registered Agent City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$50.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TIME NAME Change	2. Principal Pla		CLEA! US	Mailing Address 4707 140TH AVENUE NORTH #310 CLEARWATER FL 33762 US									
City & State Country Country Country S. Certificate of Status Desired \$8.75 Addition Fee Required Fee Required Fee Required Name OWEN, GEORGE E JR 888 EXECUTIVE CENTER DRIVE WEST #202 ST. PETERSBURG FL 33702 City FL Zip Code Street Address (P.O. Box Number is Not Acceptable) Street Address (P.	2. Principal Place of Business				3. Mailing Address				E 180 E100 E1 120 100 100 0211E 001E1 0	GILI BULLU UTILU 1	11 010 JU 11 (6)	 	
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6: Name and Address of Current Registered Agent OWEN, GEORGE E JR 888 EXECUTIVE CENTER DRIVE WEST #202 ST: PETERSBURG FL 33702 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 the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE NAME OLSETH, JEFFRY C STREET ADDRESS CITY-SI-ZIP CHANGE VSD Delete Delete Delete TITLE NAME STREET ADDRESS CITY-SI-ZIP CHANGE	City & State				City & State				4. FEI Number 59-3367585			oplied For ot Applicab	e
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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.

