Apr 23, 2003 8:00 am \$ Secretary of State \$ 04-23-2003 90270 030 \*\*\*\*

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

DOCUMENT #	P960000	)48203
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1. Entity Name

VIBRA-CENT TECHNOLOGY, INC.



				11.15	<b>'</b> ]			
	ce of Business NIGHTS GRIFFIN ROAD FL 33565	Mailing Address 6504 WEST KNIGHTS PLANT CITY FL 33569		AD		7. <b>s</b> .		
Principal Place of Business     3. Mailing Address		· <del></del>		-				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING	CHANGES	;
City & State City & State		City & State			<b>4.</b> F	El Number <b>59-3380779</b>		pplied For ot Applicable
Zip	Country	Zip	Coun	ntry	<b>5</b> . 0		8.75 Ad ee Require	
	6. Name and Address of Curre	nt Registered Agent	·	<u>منده: حج جين ""</u>	7. N	ame and Address of New Registered A		2
			····	Name				
	N, JAMES L			Street Address	(P.O. Bo	ox Number is Not Acceptable)		
	ST KNIGHTS GRIFFIN ROAD			<u> </u>		<u> </u>	<u></u>	
PLANT CF	TY FL 33565				_			
	,	•		City		FL	Zip Coo	e
	e named entity submits this statement tions of registered agent.	for the purpose of changin	g its registere	ed office or registe	ered age	ent, or both, in the State of Florida. I am fa	ımiliar with,	and accept
ano oonga	is in oglotored agent.							
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable.	(NOTE: Registere	d Agent signature require	red whan rei	nstating) DATE		
2	ILE NOW!!! FEE IS \$150.00					9 Election Campaign Financing	¢s r	)() May Ba
Afte	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.0 k Payable to Florida Department					9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
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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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP