

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P96000069649****1. Entity Name**
VITAL-EX COMPANY**FILED**
Apr 03, 2001 8:00 am
Secretary of State

04-03-2001 90008 009 ***150.00

Principal Place of Business
7301 NW TIFFANY SPRINGS RD
KANSAS CITY MO 64153
US**Mailing Address**
P.O. BOX 901436
KANSAS CITY MO 64190**2. Principal Place of Business**
P.O. Box 970
Suite, Apt. #, etc.**3. Mailing Address**
P.O. Box 970
Suite, Apt. #, etc.**City & State**
Ferron UT**City & State**
Ferron, UT**Zip**
84523**Country**
U.S.**Zip**
84523**Country**
U.S.**4. FEI Number** 43-1755708**Applied For**
Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**MCBRIDE, GARY DR
170 RUSTON LANE
TAVENIER FL 33070**7. Name and Address of New Registered Agent****Name****Street Address (P.O. Box Number is Not Acceptable)****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.****SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE**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, 2001 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****TITLE** D ☐ Delete
NAME MCBRIDE, GARY J
STREET ADDRESS 21 FT. ROYAL ISLE
CITY-ST-ZIP FT. LAUDERDALE FL 33308**TITLE** D ☐ Delete
NAME FOUTS, JIM
STREET ADDRESS P.O BOX 9548 N/A
CITY-ST-ZIP WICHITA KS**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☒ Change ☐ Addition
NAME McBride Gary J
STREET ADDRESS 170 Ruston Lane
CITY-ST-ZIP Tavernier, FL 33070**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date**Daytime Phone #**

CR2E034 (10/00)