

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State
 02-08-2002 90020 003 ***150.00

0122065 AV

DOCUMENT # P97000000414

1. Entity Name
VITALIZERS P.P., INC.

Principal Place of Business

**4725 N. COURTENAY PKWY
 MERRITT ISLAND FL 32953**

Mailing Address

**4725 N. COURTENAY PKWY
 MERRITT ISLAND FL 32953**

2. Principal Place of Business

595 N. Courtenay Pkwy
 Suite, Apt. #, etc.

3. Mailing Address

595 N. Courtenay Pkwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Merritt Island, FL

City & State

Merritt Island, FL

4. FEI Number

59-3418302

Applied For

Not Applicable

Zip

Country

32953 USA

Zip

Country

32953 USA

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

BIANCO, ROSALIE

**2255 NORTH COURTENAY
 MERRITT ISLAND FL 32952**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2002 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 **PD** ☐ Delete
 NAME **BIANCO, ROSALIE**
 STREET ADDRESS **4725 N. COURTENAY PKWY 595**
 CITY-ST-ZIP **MERRITT ISLAND FL 32953**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **SLAWSON, DEBORAH**
 STREET ADDRESS **4725 N. COURTENAY PKWY 595**
 CITY-ST-ZIP **MERRITT ISLAND FL 32753**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
 Date

321-452-8299
 Daytime Phone #

CR2E034 (9/01)