

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
 05-28-2002 90702 021 ***158.75

0013602
 AR

DOCUMENT # P97000039402

1. Entity Name
VITALSITE SERVICES, INC.

Principal Place of Business
222 N FEDERAL HWY APT 209
DEERFIELD BCH FL 33441

Mailing Address
222 N FEDERAL HWY APT 209
DEERFIELD BCH FL 33441



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
37 Columbus Ave
 Suite, Apt. #, etc.
Som

3. Mailing Address
37 Columbus Ave
 Suite, Apt. #, etc.

City & State
Somerville MA
Zip 02143 **Country** USA

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Somerville MA
Zip 02143 **Country** USA

4. FEI Number 65-0779373 **Applied For**
 Not Applicable

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

6. Name and Address of Current Registered Agent

FOSTER, SEAN
3414 MARLINS PIKE DR
TAMPA FL 33607

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 Sean Foster Sean Foster 4/28/02
 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 ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **PTS** ☒ Delete
NAME **KELLY, KENNETH**
STREET ADDRESS **222 N FED HWY APT 209**
CITY-ST-ZIP **DEERFIELD BCH FL 33441**

TITLE ☐ Delete
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CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☐ Change ☒ Addition
NAME **Kelly Kenneth**
STREET ADDRESS **37 Columbus Ave**
CITY-ST-ZIP **Somerville MA 02143**

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

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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: Kenneth Kelly
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/02 617571 9958
 Date Daytime Phone #

CR2E034 (9/01)