

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90176 016 ***158.75

DOCUMENT # P97000039402

1. Entity Name
VITALSITE SERVICES, INC.



Principal Place of Business
37 COLUMBAS AVE
SOMERVILLE MA 02143

Mailing Address
37 COLUMBAS AVE
SOMERVILLE MA 02143



2. Principal Place of Business

73 Union Square
Suite, Apt. #, etc.

3. Mailing Address

73 Union Square
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Somerville MA

City & State

Somerville MA

4. FEI Number

65-0779373

Applied For

Not Applicable

Zip

MA 02143

Country

Middlesex

Zip

02143

Country

Middlesex

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 **Sean Foster**

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

10401 Edgefield Place

City **Tampa**

FL

Zip Code **33626**

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 accept the obligations of registered agent.

SIGNATURE

Sean Foster Reg Agent

3/18/03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PTS** ☒ Delete
NAME **KELLY, KENNETH**
STREET ADDRESS **37 COLUMBAS AVE**
CITY-ST-ZIP **SOMERVILLE MA 02143**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PTS** ☒ Change ☐ Addition
NAME **Kenneth L Kelly**
STREET ADDRESS **73 Union Square**
CITY-ST-ZIP **Somerville, MA 02143**

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

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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.

SIGNATURE:

Kenneth L Kelly RE Kenneth Kelly President 3/15/03 6175719958

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)