

**FOR PROFIT CORPORATION
UNIFORM-BUSINESS REPORT (UBR)**

DOCUMENT # **PA1000087259**
1. Entity Name

Vital Pharma Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
20 Campus Rd
Suite, Apt. #, etc.

3. Mailing Address
20 Campus Rd
Suite, Apt. #, etc.

City & State
Btowa NJ
Zip
07512
Country
USA

City & State
Btowa NJ
Zip
07512
Country
USA

4. FEI Number
05-0536425
Applied For
Not Applicable

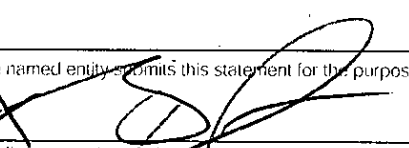
5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
The Pentice Hall Corp System
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
Suite 105
City
Tallahassee FL Zip Code
32301

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 date if applicable

Brian Courtney
Asst. V. Pres.

(NOTE: Registered Agent signature required when reconstating)

DATE

7/24/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY - ST - ZIP	President Terence D. Wall 60 Lloyd Rd Montclair NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Barry Wicker 75 Cherokee St Sparta, NJ
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary Jay Storm 1004 Westwood Ave Staten Island, NY 10314
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Treasurer Joseph Bourgart 1 Washington Street Flemington NJ 08822
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Storm

6/21/02

Date

Daytime Phone #

973-790-1330