


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State
05-05-2003 90221 044 ***150.00

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DOCUMENT # P98000022043

1. Entity Name
VITA CONSTRUCTION, INC.



Principal Place of Business
**7809 W. COMMERCIAL BLVD.
TAMARAC FL 33351**

Mailing Address
**7809 W. COMMERCIAL BLVD.
TAMARAC FL 33351**



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0804877		Applied For								
		Not Applicable								
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required								
<table border="1"> <tr> <td colspan="2">6. Name and Address of Current Registered Agent</td> <td colspan="2">7. Name and Address of New Registered Agent</td> </tr> <tr> <td colspan="2"> CASPER, CHRISTINE T 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351 </td> <td colspan="2"> Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code </td> </tr> </table>			6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		CASPER, CHRISTINE T 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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CASPER, CHRISTINE T 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MALVITA, CHRISTINE T 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MALVITA, TIM 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CHRISTINE T MALVITA
Date 4/23/03 Daytime Phone # (904) 266-8866

CR2E034 (10/02)