

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000102783

1. Entity Name

VITACOM INC.

FILED

Apr 10, 2001 8:00 am
Secretary of State

04-10-2001 90131 001 ***150.00

C0044400



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4601 SHERIDAN STREET, STE. 505
HOLLYWOOD FL 33021

Mailing Address
4601 SHERIDAN STREET, STE. 505
HOLLYWOOD FL 33021

2. Principal Place of Business
1720 Harrison Street

3. Mailing Address
1720 Harrison Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6C-W

6C-W

City & State

City & State

Hollywood, FL

Hollywood, FL

Zip

Zip

33020

Country
USA

33020

Country
USA

4. FEI Number 65-0898273

Applied For
Not Applicable

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

BUTLER, MARK F
4601 SHERIDAN STREET, STE. 505
HOLLYWOOD FL 33021

Name
Street Address (P.O. Box Number is Not Acceptable)
1720 Harrison St. Ste. 6C-W
City Hollywood FL Zip Code 33020

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 MARK F. BUTLER March 27, 2001
(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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PVST BUTLER, MARK F 4601 SHERIDAN STREET, STE. 505 HOLLYWOOD FL 33021 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1720 Harrison Street Ste. 6C-W Hollywood, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 recorder 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: BUTLER March 30, 2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)