

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018970

1. Entity Name

VITAL SYSTEMS ELECTRONICS, INC.

FILED
Sep 11, 2000 8:00 am
Secretary of State

09-11-2000 90062 040 ***550.00

Principal Place of Business

1306 N.W. LAKEVIEW DR.
 SEBRING FL 33870

Mailing Address

1306 N.W. LAKEVIEW DR.
 SEBRING FL 33870

2. Principal Place of Business

3306 N.W. Lakeview Drive

3. Mailing Address

1306 NW Lakeview Dr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebring, Florida

City & State

Sebring, Florida

4. FEI Number

65-0891317

Applied For

Not Applicable

Zip

33870

Country

U.S.A.

Zip

33870

Country

USA

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPARKS, VICTORIA L
 1306 N.W. LAKEVIEW DR.
 SEBRING FL 33870

7. Name and Address of New Registered Agent

Name: Victoria L. SPARKS
 Street Address (P.O. Box Number is Not Acceptable): 1306 N.W. Lakeview Dr.
 City: Sebring FL Zip Code: 33870

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: Victoria Lynn Sparks (CEO/owner) 9-6-2000
 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE	D	<input type="checkbox"/> Delete
NAME	SPARKS, VICTORIA L	
STREET ADDRESS	1306 N.W. LAKEVIEW DR.	
CITY-ST-ZIP	SEBRING FL 33870	
TITLE	Vice President & Treasurer	<input type="checkbox"/> Delete
NAME	Kathy L. Guam	
STREET ADDRESS	1306 NW Lakeview Dr.	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE	Cheryl L. Sparks	<input type="checkbox"/> Delete
NAME	Public Relations Director	
STREET ADDRESS	1306 NW Lakeview Dr.	
CITY-ST-ZIP	Sebring, FL 33870	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* 9-6-2000 863-462-0111
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)