

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000018970

1. Entity Name
VITAL SYSTEMS ELECTRONICS, INC.

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

1306 N.W. Lakeview Dr.

Suite, Apt. #, etc.

3. Mailing Address

1306 NW Lakeview Dr.

Suite, Apt. #, etc.

City & State

Sebring, Florida

City & State

Sebring, Florida

Zip

33870

Country

USA

Zip

33870

Country

USA

4. FEI Number

65-0891317

Applied For

Not Applicable

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

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.

SIGNATURE

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 \$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

| | | |
|----------------|------------------------|---------------------------------|
| 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 | <input type="checkbox"/> Delete |
| NAME | Kathy Lynn Quam | |
| STREET ADDRESS | 135 Ranchero Drive | |
| CITY-ST-ZIP | Sebring, FL 33870 | |
| TITLE | Secy. & Treas. | <input type="checkbox"/> Delete |
| NAME | CHERYL L SPARKS | |
| 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 | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| CITY-ST-ZIP | | |
| 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 | | |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

April 29-2001 943-4020111

CR2E034 (10/00)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90816 044 ***150.00



DO NOT WRITE IN THIS SPACE