	1 UNIFORM BU	SINESS REPO	RT (UB	R)	04-04-200)1 ⁻ 901T <i>5</i> ⁻ 045***	*1'50.00
DOGUMENT # P9900077720 1. Entity Name MARK VITALI AND DAVID CAMPBELL INCORPORATED						FILED-	•
					01 APR -4 PM 12: 39		
Principal Pl	ace of Business	Mailing Address	 		SEUN TALLA	EJARY OF ST HASSEE, FLO	IATE
4001 JEFFERSON ST. HOLLYWOOD FL 33021		4001 JEFFERSON ST. HOLLYWOOD FL 33021			,		Prida
2. Principal Place of Business. 14040 SW 17 Court Suite, Apt. #, etc.		3. Mailing Address 14440 SW 17 Court Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & St		_ City & State			A FFI N		A-all-d C-
AVIE,	FL. Country	DAVIE, FL	Countrý		4. FEI Number 65-0952934		Applied For Not Applicable
<i>33325</i>	6. Name and Address of Curren	33325-5921	Brower	_ مه	5. Certificate of Status Desired	\$8.75 A	
		The gratered Agent	Name		7. Name and Address of New Re	gistered Agent	
Dagen, Sheldon D 2699 Stirling Rd., C-404 Ft. Lauderdale Fl. 33312			Street A	ddress (P.C	D. Box Number is Not Acceptable) DRIVE, Suit	e 220	
			City	FL Zip Code 3:3334			
SIGNATURE	re named entity submits this statement for SA	ELOON D. DAGEN	gistered office or			da. 	
Tax filing	ocration is eligible to satisfy its Intangible requirement and elects to do so. aria on back)	FILE NOW!!! After MAY 1, 2001 Make Check Payable		50.00	10. Election Campaign Final Trust Fund Contribution.		00 May Be
1	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFIC		
iame Treet address Ity-st-zip	CAMPBELL, DAVID H	☐ Dekete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ihaho Dane ,	5W 17 COURT FL 33325	② Change	Addition
TLE AME TREET ADDRESS TY-ST-ZIP	VP VITAL, MARK R 11708 SW 59TH CT "COOPER CITY FL 33330 "	☐ Delete	TITLE NAME STREET AOORESS -CITY-ST-ZIP			☐ Change	Addition
tle VME Preet adoress Ty-st-zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ile Ime Reet adoress TY-\$1-ZIP		☐ Delate	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
ive Lame Reet address IY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
ILE .		☐ Delete	TITLE		 	☐ Change	Addition

I nereby certify that the Information supplied with this filling 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 trusted improvement 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 attackment with an address with all other like empowered. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR GIRECTOR

SIGNATURE: 4