

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90061 014 ***150.00

0429003

DOCUMENT # P99000096170

1. Entity Name

VITA SEA CORP.

Principal Place of Business

483 MANDALAY AVENUE, UNIT #212
 CLEARWATER FL 33767

Mailing Address

483 MANDALAY AVENUE, UNIT #212
 CLEARWATER FL 33767

2. Principal Place of Business

Suite, Apt. #, etc.
 310 Monroe ST.

3. Mailing Address

310 Monroe ST

Suite, Apt. #, etc.

City & State

DUNEDIN FL

Zip

34698

Country

34698

Country

4. FEI Number

59-3610898

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
 343 ALMERIA AVENUE
 CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name

MICHAEL DANIELE

Street Address (P.O. Box Number is Not Acceptable)

605 GARLAND Cir

City

INDIAN ROCKS BEACH

FL

Zip
 33785

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

Michael Daniele MICHAEL DANIELE

4-12-01

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	PD	<input type="checkbox"/> Delete
NAME	PETRIE, KATHIE	
STREET ADDRESS	483 MANDALAY AVENUE, UNIT #212	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	VD	<input type="checkbox"/> Delete
NAME	DANIELE, MARY ANN	
STREET ADDRESS	483 MANDALAY AVENUE, UNIT #212	
CITY-ST-ZIP	CLEARWATER FL 33767	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DANIELE, MICHAEL	
STREET ADDRESS	483 MANDALAY AVENUE, UNIT #212	
CITY-ST-ZIP	CLEARWATER FL 33767	
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	310 MONROE ST	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	310 MONROE ST	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	310 MONROE ST	
CITY-ST-ZIP	DUNEDIN FL 34698	
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:

Michael Daniele
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-01

Date

727-735 9696

Daytime Phone #

CR2E034 (10/00)