

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2000 8:00 am
Secretary of State

05-04-2000 90172 032 ***158.75

DOCUMENT # P99000111874

1. Entity Name
LIFIZZ VITAMINS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O DARYL CRAMER & ASSOCIATES. P.A. NORTHBRIDGE CENTER. 515 N FLAGLER DR.S-910 WEST PALM BEACH FL 33401-4325	Mailing Address C/O DARYL CRAMER & ASSOCIATES. P.A. NORTHBRIDGE CENTER. 515 N FLAGLER DR.S-910 WEST PALM BEACH FL 33401-4325
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2. Principal Place of Business c/o LiFizz, Inc. Suite, Apt. #, etc. 3230 Commerce Place City & State W.P.B., FL 33407 Zip 33407	3. Mailing Address Suite, Apt. #, etc. City & State Zip Country USA
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4. FEI Number 65-0985754	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DARYL CRAMER & ASSOCIATES, P.A. 515 N FLAGLER DR, SUITE 910 WEST PALM BEACH FL 33401-4325	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSEN, CHRISTER 3230 COMMERCE PL WEST PALM BEACH FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T/D Rosen, Christer 3230 Commerce Place West Palm Beach, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PARNEVIK, JESPER 3230 COMMERCE PL WEST PALM BEACH FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/D Parnevik, Jesper 3230 Commerce Place West Palm Beach, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LITTLEWORTH, DENNIS K 3230 COMMERCE PL WEST PALM BEACH FL 33407	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Schoonmaker, William E. 3230 Commerce Place West Palm Beach, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Rackley, Michael A. 3230 Commerce Place West Palm Beach, FL 33407
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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]* Date: **4/25/00** (561) 687-5270
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Dennis Littleworth**

CR2E034 (9/99)