

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91627 050 ***158.75

DOCUMENT # P99000111874

1. Entity Name
LIFIZZ VITAMINS, INC.

Principal Place of Business
LIFIZZ VITAMINS INC.
3230 COMMERCE PLACE
WEST PALM BEACH FL 33407
US

Mailing Address
C/O DARYL CRAMER & ASSOCIATES, P.A.
515 N. FLAGLER DR., STE. 910
WEST PALM BEACH FL 33401
US



2. Principal Place of Business
1095 Jupiter Park Drive

3. Mailing Address

Suite, Apt. #, etc.
Suite 11

Suite, Apt. #, etc.

City & State
West Palm Beach, Florida

City & State

4. FEI Number
65-0985754

Applied For
 Not Applicable

Zip: **33458** Country: **USA**

Zip: **33453** Country: **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD ROSEN, CHRISTER 3230 COMMERCE PL WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARNEVIK, JESPER 3230 COMMERCE PL WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCGLONE, LAURA 3230 COMMERCE PL WEST PALM BEACH FL 33407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOCH, DANIEL 3230 COMMERCE PLACE WEST PALM BEACH FL 33407	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,P,T Rosen, Christer 1095 Jupiter Park Drive, Suite 11 Jupiter, Florida 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D,S Parnevik, Jesper 1095 Jupiter Park Drive, Suite 11 Jupiter, Florida 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Spalding, Laura 1095 Jupiter Park Drive, Suite 11 Jupiter, Florida 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Laura Spalding **61102 (561) 745-0008**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)