

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 04, 2003 8:00 am**  
**Secretary of State**

06-04-2003 90095 017 \*\*\*158.75

**DOCUMENT # P99000111874**

1. Entity Name  
**LIFIZZ VITAMINS, INC.**



Principal Place of Business  
**1095 JUPITER PARK DRIVE  
SUITE 11  
WEST PALM BEACH FL 33458  
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  
**11505 Fairchild Gardens Ave.**

3. Mailing Address  
**3801 PGA Boulevard.**

Suite, Apt. #, etc.  
**Suite 204**

Suite, Apt. #, etc.  
**Suite 508**

City & State  
**Palm Beach Gardens, FL**

City & State  
**Palm Beach Gardens, FL**

Zip  
**33410**

Country  
**USA**

Zip  
**33410**

Country  
**USA**

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0985754**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$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  
**Daryl Cramer & Associates, P.A.**

Street Address (P.O. Box Number is Not Acceptable)  
**3801 PGA Boulevard, Suite 508**

City  
**Palm Beach Gardens** **FL** Zip Code **33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
DPT	ROSEN, CHRISTER	1095 JUPITER PARK DRIVE SUITE 11	JUPITER FL 33458	<input type="checkbox"/>
SD	PARNEVIK, JESPER	1095 JUPITER PARK DRIVE SUITE 11	JUPITER FL 33458	<input type="checkbox"/>
D	MCGLONE, LAURA	1095 JUPITER PARK DRIVE SUITE 11	JUPITER FL 33458	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
DPT	Rosen, Christer	11505 Fairchild Gardens Ave., Ste. 204	Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	Parnevik, Jësper	11505 Fairchild Gardens Ave., Ste 204	Palm Beach Gardens, FL 33410	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Spalding, Laura	11505 Fairchild Gardens Ave., Ste. 204	Palm Beach Gardens, FL 33410	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Laura Spalding, Finance**

Date

Daytime Phone #

**4/8/03** **561-630-4498**

CR2E034 (10/02)