

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S70535

1. Entity Name

THE VITALIZERS, INC.

FILED
Jan 24, 2001 8:00 am
Secretary of State

01-24-2001 90068 010 ***150.00

Principal Place of Business

2255 N. COURTENAY PKWY
MERRITT ISLAND FL 32953
US

Mailing Address

2255 N. COURTENAY PKWY
MERRITT ISLAND FL 32953
US

902341



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4725 N. Courtenay Pkwy
Suite, Apt. #, etc.

3. Mailing Address

4725 N. Courtenay Pkwy
Suite, Apt. #, etc.

City & State

Merritt Island, FL

City & State

Merritt Island, FL

4. FEI Number

59-3083958

Applied For

Not Applicable

Zip

32953

Country

USA

Zip

32953

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLAWSON, DEBORAH

2255 N. COURTENAY PKWY

MERRITT ISLAND FL 32953

4725 N. Courtenay Pkwy

Merritt Island, FL 32953

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P
NAME BIANCO, ROSALIE
STREET ADDRESS 2255 N. COURTENAY PKWY 4725 N. Courtenay Pkwy
CITY-ST-ZIP MERRITT ISLAND FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE VSD
NAME SLAWSON, DEBORAH
STREET ADDRESS 2255 N. COURTENAY PKWY 4725 N. Courtenay Pkwy
CITY-ST-ZIP MERRITT ISLAND FL

☐ Delete

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CITY-ST-ZIP ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/01

800-826-8089

Date

Daytime Phone #

CR2E034 (10/00)