

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 12, 2002 8:00 am
Secretary of State

02-12-2002 90094 050 ***150.00

DOCUMENT # S70535

1. Entity Name
THE VITALIZERS, INC.

Principal Place of Business

4725 N COUTENAY PKWY
MERRITT ISLAND FL 32953
US

Mailing Address

4725 N COURTENAY PKWY
MERRITT ISLAND FL 32953
US

2. Principal Place of Business

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

3. Mailing Address

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



DO NOT WRITE IN THIS SPACE

City & State
Merritt Island, FL

Zip
32953

Country
USA

City & State
Merritt Island, FL

Zip
32953

Country
USA

4. FEI Number
59-3083958

Applied For
☐ **Not Applicable**

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

6. Name and Address of Current Registered Agent

SLAWSON, DEBORAH
595 4725 N COURTENAY PKWY
MERRITT ISLAND FL 32953

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

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
	P			
	BIANCO, ROSALIE			
	595 4725 N COURTANAY PKWY			
	MERRITT ISLAND FL			
	VSD			
	SLAWSON, DEBORAH			
	595 4725 N COURTANAY PKWY			
	MERRITT ISLAND FL			

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/02
 Date

321-452-8299
 Daytime Phone #

CR2E034 (9/01)