

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2001 8:00 am
Secretary of State

03-22-2001 90023 008 ***158.75

DOCUMENT # P96000041839

1. Entity Name
NEW VIBRATIONS, INC.

Principal Place of Business 650 PARK SHORE DR STE 203 NAPLES FL 34103 US	Mailing Address 3838 TAMiami TRAIL NORTH THIRD FLOOR STE. 310 NAPLES FL 34103 US
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00027943



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business STEVEN M. FALCARO	3. Mailing Address 1741 BRAMAN AVE
Suite, Apt. #, etc. 1741 BRAMAN AVE	Suite, Apt. #, etc.
City & State FORT MYERS FL	City & State FORT MYERS FL

4. FEI Number 65-0676148	Applied For <input type="checkbox"/> Not Applicable
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Zip 33901	Country	Zip 33901	Country
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**WHITELAW, JENNIFER L
 3838 TAMiami TRAIL NORTH
~~THIRD FLOOR~~ STE 310
 NAPLES FL 34103**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
State 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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PD FALCARO, STEVEN M 1741 BRAMAN AVE. FT. MYERS FL 33901 <input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Steven M Falcaro **2/1/00** **941-936-8828**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)