

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAY -2 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L00000008607**

1. Entity Name
EDIETZONE.COM, L.L.C.

Principal Place of Business

PO BOX 4461
BOYNTON BEACH FL 32424

Mailing Address

PO BOX 4461
BOYNTON BEACH FL 32124

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

7025 BENTLEY PLACE WAY

F-206

ORLANDO FL

32818

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1007364

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HAHN, ROBERT
1201 S. DIXIE HWY W-15
POMPANO BEACH FL 33060

7. Name and Address of New Registered Agent

Name **DAYLE JOSEPH**
Street Address (P.O. Box Number is Not Acceptable) **#F-206**
7025 BENTLEY PLACE WAY
City **ORLANDO** FL Zip Code **32818**

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 *Dayle Joseph* - **F. DIETZONE.COM** DATE **04-30-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

700004316367--7
-05/25/01--01017--024
*******50.00 *****50.00**

9. MANAGING MEMBERS/MEMBERS

TITLE **MANAGING MEMBER** Delete
NAME **DAYLE JOSEPH**
STREET ADDRESS **7025 BENTLEY PLACE WAY F-206**
CITY-ST-ZIP **ORLANDO, FL 32818**

10. ADDITIONS/CHANGES

TITLE **MANAGING MEMBER** Change Addition
NAME **DAYLE JOSEPH**
STREET ADDRESS **7025 BENTLEY PLACE WAY - F-206**
CITY-ST-ZIP **ORLANDO, FL 32818**

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
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TITLE Change Addition
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CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Dayle Joseph

04-30-01

407-292-1724

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)