

**FILED**  
**Apr 24, 2002 8:00 am**  
**Secretary of State**

04-24-2002 90374 034 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # K43422

1. Entity Name

DIETARY SOFTWARE, INC.

636667

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1715 COUNTRY PLACE DR 1715 COUNTRY WALK DR

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORANGE PARK, FL

City & State

ORANGE PARK, FL

4. FEI Number

59-2929463

Applied For

Not Applicable

Zip  
32073-7220

Country  
USA

Zip  
32073-7220

Country  
USA

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

WILNER, MERRIE M

Street Address (P.O. Box Number is Not Acceptable)

1715 COUNTRY WALK DR

City

ORANGE PARK

FL

Zip Code  
32073

**DO NOT WRITE  
IN THIS SPACE**

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

*Merrie Wilner (Merrie Wilner)*

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

(NOTE: Registered Agent signature required when reappointing)

DATE

4/12/02

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DPTS  
WILNER, MERRIE  
1715 COUNTRY WALK DR  
ORANGE PARK, FL 32073

TITLE  
NAME  
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CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone \*

*Merrie Wilner (Merrie Wilner)* 4/12/02 278-7901

CR2E034B (12/01)