

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N00000005574**

1. Entity Name

DIABETIC CHARITABLE SERVICES, INC.**FILED**
Mar 12, 2002 8:00 am
Secretary of State

03-12-2002 90267 028 ****70.00

Principal Place of Business

**4820 PARK BLVD
PINELLAS PARK FL 33781**

Mailing Address

**4820 PARK BLVD
PINELLAS PARK FL 33781**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-3666470

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**O'CONNOR, PATRICK M
2240 BELLEAIR RD, STE 160
CLEARWATER FL 33764**

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

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	OBERDING, JOHN W	
STREET ADDRESS	2555 HERON LANE NORTH	
CITY-ST-ZIP	CLEARWATER FL 34622	

TITLE	DVP	<input type="checkbox"/> Delete
NAME	DIFABIO, JOSEPH	
STREET ADDRESS	19615 BARDES COURT	
CITY-ST-ZIP	LARGO FL 33777	

TITLE	DS	<input type="checkbox"/> Delete
NAME	FARRELL, KATHLEEN	
STREET ADDRESS	316 21ST AVENUE NE	
CITY-ST-ZIP	SAINT PETERSBURG FL 33704	

TITLE	D	<input type="checkbox"/> Delete
NAME	ROYSTER, DONNA	
STREET ADDRESS	443 HAVEN POINT DRIVE	
CITY-ST-ZIP	TREASURE ISLAND FL 33706	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 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

Date

Daytime Phone #

4/20/02

757-545-4280

CR2E037 (9/01)