

**001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90089 011 \*\*\*150.00

**DOCUMENT # P00000010381**

1. Entity Name  
**DINAH'S ENTERPRISES, INC.**

Principal Place of Business <b>1357 NW ST LUCIE WEST BLVD          PORT ST LUCIE FL 34986</b>	Mailing Address <b>1357 NW ST LUCIE WEST BLVD          PORT ST LUCIE FL 34986</b>
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644240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>GNC at Luce West</b> Suite, Apt. #, etc.	3. Mailing Address <b>same above</b> Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number <b>65-0993822</b>	Applied For <input type="checkbox"/> Not Applicable
Zip	Country <b>US</b>	Zip	Country
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent <b>JACOBY, DAVID H          1581 ROBERT J CONLAN BLVD NE, SUITE 100          PALM BAY FL 32905</b>	7. Name and Address of New Registered Agent Name <b>Dinah Walker</b> Street Address (P.O. Box Number is Not Acceptable) <b>1357 B NW St. Luce West Blvd.</b> City <b>Port St. Lucie</b> FL Zip Code <b>34986</b>
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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 Dinah H. Walker Dinah H Walker 3/8/01  
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. <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALKER, VAN</b> <b>P O BOX 7338</b> <b>PORT ST LUCIE FL 34985</b> <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	<b>D</b> <b>WALKER, DINAH H</b> <b>P O BOX 7338</b> <b>PORT ST LUCIE FL 34985</b> <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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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

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: Dinah H Walker 4/18/01  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)