

# 001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010381

1. Entity Name

DINAH'S ENTERPRISES, INC.

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

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

Principal Place of Business

1357 NW ST LUCIE WEST BLVD  
PORT ST LUCIE FL 34986

Mailing Address

1357 NW ST LUCIE WEST BLVD  
PORT ST LUCIE FL 34986

644240



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

GNC at Lucie West

3. Mailing Address

same above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0993822

Applied For

Not Applicable

Zip

Country

US

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

JACOBY, DAVID H  
1581 ROBERT J CONLAN BLVD NE, SUITE 100  
PALM BAY FL 32905

7. Name and Address of New Registered Agent

Name

Dinah Walker

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

1357 B NW St. Lucie West Blvd.

City

Port St. Lucie

FL

Zip Code

34986

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

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

*Dinah H. Walker*

(NOTE: Registered Agent signature required when reinstating)

3/8/01

DATE

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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WALKER, VAN  
CITY-ST-ZIP P O BOX 7338  
PORT ST LUCIE FL 34985

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WALKER, DINAH H  
CITY-ST-ZIP P O BOX 7338  
PORT ST LUCIE FL 34985

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

Date

Daytime Phone #

CR2E034 (10/00)