

FILED
May 24, 2001 8:00 am
Secretary of State

05-01-2001 90078 032 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000013335

1. Entity Name
DIETDNAS.COM, INC.

Principal Place of Business 3764 DARSTON STREET PALM HARBOR FL 34685	Mailing Address 3764 DARSTON STREET PALM HARBOR FL 34685
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2. Principal Place of Business 3764 Darston St. Suite, Apt. #, etc.	3. Mailing Address P.O. Box 4804 Suite, Apt. #, etc.
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City & State Palm Harbor, FL. Zip 34685	Country U.S.A.	City & State Palm Harbor, FL Zip 34685	Country USA
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4. FEI Number 593628469	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent VAN VORIS, JOHN I 501 E. KENNEDY BLVD. SUITE 1400 TAMPA FL 33602	7. Name and Address of New Registered Agent Name Anthony M. Lauvasio Street Address (P.O. Box Number is Not Acceptable) 205 S. HOOPER BLVD. Suite 402 City Tampa FL Zip Code 33609
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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 Anthony M. Lauvasio, Registered Agent DATE 4/25/01

9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D ALTARE, PAULA 3764 DARSTON STREET PALM HARBOR FL 34685	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 D SHADZ, ARLENE 3764 DARSTON STREET PALM HARBOR FL 34685	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Shatz, Arlene 3764 Darston St. Palm Harbor, FL. 34685
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
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)(f), 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 empowerments.

SIGNATURE: Paula Shatz, Arlene Shatz, Director DATE 4/25/01 7:57
 774562

CFR2034 (10/00)