

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P00000013335

FILED
Apr 17, 2002 8:00 AM
Secretary of State

Entity Name: DIETDIVAS.COM, INC.

Current Principal Place of Business:

3764 DARSTON STREET
PALM HARBOR, FL 34685

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 4804
PALM HARBOR, FL 34685

New Mailing Address:

P.O. BOX 1211
PALM HARBOR, FL 34682

FEI Number: 59-3628469

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IANNACIO, ANTHONY M
205 S HOOVER BLVD
SUITE 402
TAMPA, FL 33609 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ALTARE, PAULA
Address: 3764 DARSTON STREET
City-St-Zip: PALM HARBOR, FL 34685

Title: D () Delete
Name: SHATZ, ARLENE
Address: 3769 DARSTON STREET
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P,S (X) Change () Addition
Name: ALTARE, PAULA
Address: 3764 DARSTON STREET
City-St-Zip: PALM HARBOR, FL 34685

Title: VP,T (X) Change () Addition
Name: SHATZ, ARLENE
Address: 3769 DARSTON STREET
City-St-Zip: PALM HARBOR, FL 34685

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARLENE SHATZ

VP

04/17/2002

Electronic Signature of Signing Officer or Director

_____ Date