

FILED  
May 20, 2003 8:00 am  
Secretary of State

05-20-2003 90067 009 \*\*\*158.75

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000016448

1. Entity Name  
**DIETSHOP INC.**



Principal Place of Business  
1741 NW 126TH DRIVE  
CORAL SPRINGS, FL 33071

Mailing Address  
1741 NW 126TH DRIVE  
CORAL SPRINGS, FL 33071

2. Principal Place of Business  
**11977 WINGED FOOT TER**

Suite, Apt. #, etc.

3. Mailing Address  
**11977 WINGED FOOT TER**

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State  
**CORAL SPRINGS FL**

Zip  
**33071**

Country

City & State  
**CORAL SPRINGS FL**

Zip  
**33071**

Country

4. FEI Number  
**65-0983866**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

D'AGOSTINO, JOSEPH  
1741 NW 126TH DRIVE  
CORAL SPRINGS, FL 33071

**7. Name and Address of New Registered Agent**

Name  
**D'AGOSTINO, JOSEPH**

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

**11977 WINGED FOOT TER**

City  
**CORAL SPRINGS FL** Zip Code  
**33071**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning.)

DATE

**5/16/03**

FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D	<input type="checkbox"/> Delete
NAME	D'AGOSTINO, JOSEPH	
STREET ADDRESS	1741 NW 126TH DRIVE	
CITY-ST-ZIP	CORAL SPRINGS, FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 11**

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D'AGOSTINO, JOSEPH	
STREET ADDRESS	11977 WINGED FOOT TER	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICOLE STABILE	
STREET ADDRESS	11977 WINGED FOOT TER	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VINCENT D'AGOSTINO	
STREET ADDRESS	11977 WINGED FOOT TER	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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
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 607, 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

**5/16/03**

**954-501-3500**

Day

Daytime Phone #

CR2E034 (10/02)

80120392

11977 Winged Foot Terrace  
Coral Springs, Florida 33071

.....  
**Dietshop Inc.**

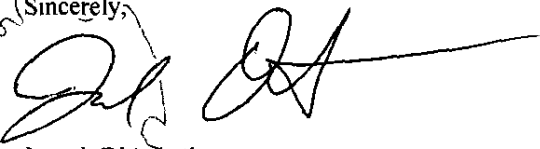
May 16, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

Dear Sir or Madam:

I was extremely ill the past few months and was unable to work. I was not able to get out the UMB on time. I was previously the only officer listed for the company, and I am the only person that takes care of the company's paperwork. I called your office and explained my situation. They requested I send a letter explaining my situation along with the normal \$150.00 payment. Sorry for any inconvenience.

Sincerely,



Joseph D'Agostino  
954-501-3500  
Dietshop

