

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

03-20-2003 90102 006 ***150.00

DOCUMENT # P01000096070

1. Entity Name
DIABETIC'S PLUS, INC.



Principal Place of Business
**9200 NW 36TH PLACE
UNIT A-2
GAINESVILLE FL 32606**

Mailing Address
**9200 NW 36TH PLACE
UNIT A-2
GAINESVILLE FL 32606**



2. Principal Place of Business

3. Mailing Address

4251 SW 13th B-1
Suite, Apt. #, etc.
B-1

4251 SW 13th B-1
Suite, Apt. #, etc.

City & State
Gainesville FL

City & State
Gainesville FL

4. FEI Number
59-3749067

Applied For
Not Applicable

Zip
32608 Country
US

Zip
32608 Country
US

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**DEEGAN, TIMOTHY P
9200 NW 36TH PLACE
UNIT A-2
GAINESVILLE, FL 32606**

7. Name and Address of New Registered Agent
Name
MARK J. FRASER, ESQ.
Street Address (P.O. Box Number is Not Acceptable)
527 E. UNIVERSITY AVE.
City
GAINESVILLE FL Zip Code
32601

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 _____
(NOTE: Registered Agent signature required when reinstating) DATE _____

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS WILSON, SHERI 9200 NW 36TH PLACE, UNIT A-2 GAINESVILLE FL 32606	<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	VT DEEGAN, TIMOTHY P 9200 NW 36TH PLACE, UNIT A-2 GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Joseph Montalbano 4251 SW 13th B-1 Gainesville FL 32608	<input checked="" 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

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 REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 **352 373-1456**
Date Daytime Phone #

CR2E034 (10/02)