

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

FILED
Mar 10, 2003 8:00 am
Secretary of State

02-24-2003 90969 003 ***150.00

DOCUMENT # P02000040347

1. Entity Name
ESSENTIAL DIABETIC NUTRITION, INC.



Principal Place of Business
**834 NE 75 STREET
BOCA RATON FL**

Mailing Address
**834 NE 75 STREET
BOCA RATON FL**



2. Principal Place of Business
500 NE SPANISH RVR BLVD

3. Mailing Address
500 NE SPANISH RVR BLVD

CHECK HERE IF MAKING CHANGES

Suite, Apt. #, etc.
Suite 24

Suite, Apt. #, etc.
Suite 24

City & State
Boca Raton FL

City & State
Boca Raton FL

4. FEI Number
03-0442770

Applied For
 Not Applicable

Zip
33431 Country
USA

Zip
33431 Country
USA

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

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DICKSON, LAWRENCE A
500 NE SPANISH RIVER BLVD #24
BOCA RATON FL 33431**

Name

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

City

FL

Zip Code

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

Lawrence A Dickson

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

(NOTE: Registered Agent signature required when reinstating)

1/3/03
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
**PD
DICKSON, LAWRENCE A
834 NE 75 STREET
BOCA RATON FL** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
JANSON, GARY M
1420 SW 19 ST
BOCA RATON FL 33488** Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 Change Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP
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 Change 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 employees.

SIGNATURE:

Lawrence A Dickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/03
Date **(Su)**
362-7105
Daytime Phone #

CR2E034 (10/02)