

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P29417

1. Entity Name

HOME DIAGNOSTICS, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90053 028 ***150.00

Principal Place of Business

2400 NW 55TH COURT
 FT. LAUDERDALE FL 33309-2676
 US

Mailing Address

2400 NW 55TH COURT
 FT. LAUDERDALE FL 33309-2672
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-2594392

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, JON
 2400 NW 55TH CT.
 STE 239
 FORT LAUDERDALE FL 33309

Name

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

There is no Suite ...

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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
 D
 HOLLEY, GEORGE
 ONE TREFAIL DR.
 TRUMBULL CT 0661 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 C
 ONE TREFOIL DR.
 06611 ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SALEM, ROBERT
 ONE TREFAIL DR.
 TRUMBULL CT 0661 ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 VP
 SCHNEIDER, JON
 2400 NW 55TH CT
 FT LAUDERDALE FL 33309 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 S
 SCHWARTZ, BETH K
 2400 NW 55 CT
 FT LAUDERDALE FL 33309 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P
 CORBETT, JAMES M
 2400 NW 55 CT
 FT LAUDERDALE FL 33309 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 P/D ☒ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 PARSON, DONALD
 666 THIRD AVENUE
 NEW YORK NY 10017 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 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

BETH K SCHWARTZ

Date

3/31/00

Daytime Phone #

(954) 677-9201

CR2E034 (9/99)