2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: 9

DOCUMENT # P94000071793 Apr 12, 2000 8:00 am Secretary of State 1. Entity Name DIABETIC SUPPLY OF SUNCOAST, INC. 04-12-2000 90025 031 ***150.00 Mailing Address Principal Place of Business 1038 HAMILTON AVE P.O. BOX 1433 TARPON SPRINGS FL 34688-1433 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address 12773 Forest Hill Blud 2773 Forest Hi DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For 59-3269974 .Roa.ch Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PRIMBS, LISA 1038 HAMILTON AVE. arksour **TARPON SPRINGS FL 34689** the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits SIGNATURE . nted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PThuss, Steve 14508 L'arkspur Lane Wellington, Fl. 33414 ☐ Addition 🔽 Change Delete TITLE TITLE SAMPLE, DARYL NAME NAME STREET ADDRESS STREET ADDRESS 1038 HAMILTON AVE. CITY-ST-7IP CITY-ST-ZIP TARPON SPRINGS FL □ Change Addition D Delete TITLE TITLE PRIMBS, LISA NAME NAME STREET ADDRESS STREET ADDRESS 1038 HAMILTON AVE CITY-ST-ZIP CITY-ST-ZIP TARPON SPRINGS FL Change Addition TITLE_ . Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP [] Change ☐ Addition Delete TITLE TITI F NAME NAMĘ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 light empowered.