2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000071793 1. Entity Name DIABETIC SUPPLY OF SUNCOAST, INC.					Secretary of State 02-19-2002 90081 031 ***150.00			
Principal Place of Business 3381 FAIRLAND FARMS RD. SUITE 6F WELLINGTON FL 33414 US		Mailing Address 3381 FAIRLAND FARMS RD. SUITE 6F WELLINGTON FL 33414 US						
2. Principal Place of Business		3. Mailing Address			i kesileak ilo lokk biek selik ediki ochk sokk			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & State		City & State		4.	FEI Number 59-3269974		oplied For ot Applicable	
Zip	Country	Zip	Country	5.	Certificate of Status Desired	\$8.75 Add	iitional	
	6. Name and Address of Current F	egistered Agent		7. 1	Name and Address of New Registered	Agent		
THUSS, STEVE 14508 LARKSPUR LANE WELLINGTON FL 33414			Name Street Ad	Name Street Address (P.O. Box Number is Not Acceptable)				
WELLING	11014 1 2 30414	City			FL	Zip Code	e	
Tax filing	Signature, typed or printed name of registered agent at praction is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!	Registered Agent signature II FEE IS \$150.0 IZ Fee will be \$55 Ie to Department	0.00	10. Election Campaign Financing		0 May Be	
11.	OFFICERS AND D	DIRECTORS	12.	AE	DITIONS/CHANGES TO OFFICERS AND	DIRECTORS	3 IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THUSS, STEVE 14508 LARKSPUR LANE WELLINGTON FL 33414	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
indicated of the cor	on this report or supplemental report is:	rue and accurate and that mered to execute this report.	ny signature shall ha	ve the same	119.07(3)(i), Florida Statutes. I further ce legal effect as if made under oath; that I ida Statutes; and that my name appears	am an officer	or director	

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

131102 (561)792-4009
Date Dayline Phone #