

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P95000061427

FILED
Mar 08, 2002 8:00 AM
Secretary of State

Entity Name: DIRECT DIABETIC SUPPLIES, INC.

Current Principal Place of Business:

3600 SOUTH CONGRESS
#G
BOYNTON BCH, FL 33426 US

New Principal Place of Business:

Current Mailing Address:

3600 SOUTH CONGRESS
#G
BOYNTON BCH, FL 33426 US

New Mailing Address:

FEI Number: 65-0600619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RETFIELD, LOUIS W
7318 LAKE WORTH RD
LAKE WORTH, FL 33462 US

Name and Address of New Registered Agent:

HOLLINGSHEAD, AGNES S PA
2248 WOOLBRIGHT RD
411
BOYNTON BEACH, FL 33426 US

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: AGNES S HOLLINGSHEAD

03/08/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: OSENGA, MARK E
Address: 939 JASMINE DRIVE
City-St-Zip: DELRAY, FL 33483

Title: VSD () Delete
Name: HODGES, WILLIAM G
Address: 939 JASMINE DRIVE
City-St-Zip: DELRAY, FL 33483

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: OSENGA, MARK E
Address: 825 EGRET CIRCLE APT A411
City-St-Zip: DELRAY BEACH, FL 33444

Title: VSD (X) Change () Addition
Name: OSENGA, MARK E
Address: 825 EGRET CIRCLE APT A411
City-St-Zip: DELRAY BEACH, FL 33444

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK OSENGA

P

03/08/2002

Electronic Signature of Signing Officer or Director

Date