

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000082732

1. Entity Name
AMERICAN DIABETIC SUPPLY, INC.

FILED
Jul 25, 2000 8:00 am
Secretary of State

07-25-2000 90003 048 ***550.00

Principal Place of Business
400 S. ATLANTIC AVE.
STE 108
ORMOND BCH FL 32176
US

Mailing Address
136 RIVERSIDE DR.
ORMOND BEACH FL 32176



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

400 S. Atlantic Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 108

City & State

City & State

Ormond Beach FL

Zip

Country

Zip

Country

32176

USA

4. FEI Number 59-3342460

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

ALLISON, DONALD M
1515 SOUTH FEDERAL HWY.
SUITE 300
BOCA RATON FL 33432

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.

SIGNATURE

Signature of registered agent 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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 | D | <input type="checkbox"/> Delete |
| NAME | HELLE, RANDALL | |
| STREET ADDRESS | 136 RIVERSIDE DR. | |
| CITY-ST-ZIP | ORMOND BEACH FL 32176 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | HELLE, JANET | |
| STREET ADDRESS | 136 RIVERSIDE DR. | |
| CITY-ST-ZIP | ORMOND BEACH FL 32176 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
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| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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

7/21/00

627-1002

Date

Daytime Phone #

CR2E034 15/00