

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000083414

1. Entity Name

DIABETIC SUPPLY NETWORK OF AMERICA, INC.

FILED

Apr 27, 2000 8:00 am
Secretary of State

04-27-2000 90021 007 ***150.00

Principal Place of Business

Mailing Address

365 THIRD AVENUE NORTH
NAPLES FL 34102
US

365 THIRD AVENUE NORTH
NAPLES FL 34110-8421
US

2. Principal Place of Business

1414 Rail Head Blvd.

3. Mailing Address

1414 Rail Head Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples, FL

City & State

Naples, FL

Zip

34110

Country

USA

Zip

34110

Country

USA

4. FEI Number

65-0616436

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MORRISON, DAVID N
3838 TAMiami TRAIL N
SUITE 402
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name: Mary Beth CLARY / c/o Porter, Wright, Morris
+ Arthur, LLP.
Street Address (P.O. Box Number is Not Acceptable)
5801 Pelican Bay Blvd.

Suite 300

City

Naples, FL

FL

Zip Code

34108

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

Mary Beth M. Clary

(NOTE: Registered Agent signature required when reinstating)

3/29/00

DATE

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

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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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, THERESA L	
STREET ADDRESS	365 THIRD AVENUE NORTH	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK A. BOCK	
STREET ADDRESS	1414 Rail Head Blvd.	
CITY-ST-ZIP	Naples, FL 34110	
TITLE	S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick J. Roberts	
STREET ADDRESS	1414 Rail Head Blvd.	
CITY-ST-ZIP	Naples, FL 34110	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 empowers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/9/00

Date

941-593-4619

Daytime Phone #

CR2E034 (9/99)