

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90133 012 ***158.75

DOCUMENT # P96000000615

1. Entity Name

DIABETIC SUPPLY, INC.



Principal Place of Business

7853 133RD RD.
LIVE OAK FL
US

Mailing Address

P O BOX 6127
LIVE OAK FL 32064
US

2. Principal Place of Business

7027 Angkwood Lane

Suite, Apt. #, etc.

F

3. Mailing Address

7027 Angkwood Lane

Suite, Apt. #, etc.

F

City & State

Tallahassee, Florida

Zip

32309

Country

USA

City & State

Tallahassee, Florida

Zip

32309

Country

U.S.A.

4. FEI Number

59-3357412

Applied For

Not Applicable

5. Certificate of Status Desired-

☒

\$8.75 Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

SHIREY, PATRICIA
7853 133RD ROAD
LIVE OAK FL 32060

7. Name and Address of New Registered Agent

Name Anita M. Burns

Street Address (P.O. Box Number is Not Acceptable)

7027 Angkwood Lane

City Tallahassee

FL

Zip Code 32309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Anita M. Burns Anita M. Burns, President 4-23-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE P
NAME SHIREY, PATRICIA
STREET ADDRESS 7853 133RD RD
CITY-ST-ZIP LIVE OAK FL 32060 ☒ Delete

TITLE D
NAME BLAND, AMBER
STREET ADDRESS 7853 133RD RD
CITY-ST-ZIP LIVE OAK FL 32060 ☒ Delete

TITLE D
NAME MURRAY, LOIS J
STREET ADDRESS 9664 85TH RD
CITY-ST-ZIP LIVE OAK FL 32060 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE President
NAME Anita M. Burns
STREET ADDRESS 7027 Angkwood Lane
CITY-ST-ZIP Tallahassee Florida 32309 ☒ Change ☐ Addition

TITLE Vice-President
NAME John E. Burns
STREET ADDRESS 7027 Angkwood Lane
CITY-ST-ZIP Tallahassee, Florida 32309 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Anita M. Burns Anita M. Burns 4-23-03 (850) 907-2039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)