

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001156

1. Entity Name

LAKE DIABETES SUPPLY, INC.

**FILED**  
**Mar 31, 2000 8:00 am**  
**Secretary of State**

03-31-2000 90104 018 \*\*\*150.00

Principal Place of Business

636 S. BAY STREET  
EUSTIS FL 32726-4860

Mailing Address

636 S. BAY STREET  
EUSTIS FL 32726-4860

2. Principal Place of Business

508 No. HARBOURS CITY

3. Mailing Address

508 No. HBC

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MELBOURNE FL

City & State

MELBOURNE FL

4. FEI Number

59-3349173

Applied For

Not Applicable

Zip

32935-6838

Country

FLORIDA

Zip

32935-6838

Country

FLORIDA

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HARTWELL, RICHARD B  
2752 EUDORA RD  
EUSTIS FL 32726

7. Name and Address of New Registered Agent

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, typed 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 \$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          | VP                      | <input type="checkbox"/> Delete |
| NAME           | HARTWELL, MARK          |                                 |
| STREET ADDRESS | 5311 SUMMERLIN APT 9    |                                 |
| CITY-ST-ZIP    | FORT MYERS FL 33919     |                                 |
| TITLE          | VP                      | <input type="checkbox"/> Delete |
| NAME           | PHIL M. HARTWELL        |                                 |
| STREET ADDRESS | 1612 CLOVER             |                                 |
| CITY-ST-ZIP    | MELBOURNE FL 32938-5556 |                                 |
| TITLE          | P                       | <input type="checkbox"/> Delete |
| NAME           | HARTWELL, RICHARD B     |                                 |
| STREET ADDRESS | 2752 EUDORA RD          |                                 |
| CITY-ST-ZIP    | EUSTIS FL 32726         |                                 |
| TITLE          |                         | <input type="checkbox"/> Delete |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| 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          |                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                              |                                                                         |
| STREET ADDRESS | 13141 WHITEHAVEN LANE #193   |                                                                         |
| CITY-ST-ZIP    | FORT MYERS FL 33912          |                                                                         |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| NAME           |                              |                                                                         |
| STREET ADDRESS | MELBOURNE FL 32935           |                                                                         |
| CITY-ST-ZIP    |                              |                                                                         |
| TITLE          |                              | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME           |                              |                                                                         |
| STREET ADDRESS | 2555 SO. ATLANTIC AVE.       |                                                                         |
| CITY-ST-ZIP    | DAYTONA BEACH SHORE 32118 FL |                                                                         |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| NAME           |                              |                                                                         |
| STREET ADDRESS |                              |                                                                         |
| CITY-ST-ZIP    |                              |                                                                         |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| NAME           |                              |                                                                         |
| STREET ADDRESS |                              |                                                                         |
| CITY-ST-ZIP    |                              |                                                                         |
| TITLE          |                              | <input type="checkbox"/> Change <input type="checkbox"/> Add            |
| 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 empowered.

SIGNATURE:

*Richard B. Hartwell* RICHARD B. HARTWELL

Date

1-20-00 321-255-9800

Daytime Phone

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR