

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000001156

1. Entity Name

LAKE DIABETES SUPPLY, INC.

FILED
Jan 22, 2001 8:00 am
Secretary of State

01-22-2001 90019 047 ***150.00

0485781

Principal Place of Business
508 N HARBOURS CITY
MELBOURNE FL 32935-6838

Mailing Address
508 N HARBOURS CITY
MELBOURNE FL 32935-6838



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number **59-3349173** Applied For ☐ Not Applicable ☐

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 32728

7. Name and Address of New Registered Agent

Name **At HARTWELL, RICHARD B.**
Street Address (P.O. Box Number is Not Acceptable) **2555 SO. ATLANTIC AVE**
UNIT 1205
City **DAYTONA BEACH SHORES FL** Zip Code **32118**

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

Richard B. Hartwell

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

(NOTE: Registered Agent signature required when reinstating)

1-12-01

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	☐ Delete
NAME	HARTWELL, MARK	
STREET ADDRESS	13141 WHITEHAVEN LANE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VP	☒ Delete
NAME	PHIL M. HARTWELL	
STREET ADDRESS	1612 CLOVER	
CITY-ST-ZIP	MELBOURNE FL 32936-5556	
TITLE	P	☐ Delete
NAME	HARTWELL, RICHARD B	
STREET ADDRESS	2752 EUDORA RD	
CITY-ST-ZIP	EUSTIS FL 32726	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	☒ Change ☐ Addition
NAME	HARTWELL, RICHARD B.	
STREET ADDRESS	2555 SO. ATLANTIC AVE #1205	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE	P	☐ Change ☒ Addition
NAME	HARTWELL, JAYNE B.	
STREET ADDRESS	2555 SO. ATLANTIC AVE #1205	
CITY-ST-ZIP	DAYTONA BEACH SHORES FL 32118	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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 empowered.

SIGNATURE:

Richard B. Hartwell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-01

Date

904-763-8364

Daytime Phone #

CR2E034 (10/00)