CR2E034 (9/01)

## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 08, 2002 8:00 am P96000001156 DOCUMENT # **Secretary of State** 1. Entity Name 02-08-2002 90016 003 \*\*\*150.00 LAKE DIABETES SUPPLY, INC. Principal Place of Business Mailing Address 508 N HARBOURS CITY **508 N HARBOURS CITY** MELBOURNE FL 32935-6838 MELBOURNE FL 32935-6838 2. Principal Place of Business 3. Mailing Address 508 No. HARBOR Suite, Apt. #, etg DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3349173 BLBOURNS Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current/Registered Agent Name HARTWELL, RICHARD B Street Address (P.O. Box Number is Not Acceptable) 2555 SO ATLANTIC AVE. UNIT 1205 DAYTONA BEACH FL 32118 City Zip Code 8. The above named entiry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1-22*-0*2 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, TITLE Addition TITLE ☐ Delete NAME NAME HARTWELL, MARK STREET ADDRESS 13141 WHITEHAVEN LANE STREET ADDRESS CITY-ST-ZIP FORT MYERS FL 33912 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME HARTWELL, RICHARD B STREET ADDRESS STREET ADDRESS 2555 SO ATLANTIC AVE. # 1205 CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME HARTWELL, JOANNE B STREET ADDRESS STREET ADDRESS 2555 SO ATLANTIC AVE. # 1205 CITY-ST-ZIP CITY-ST-7IP DAYTONA BEACH FL 32118 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ■ Addition TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE: 4

with an address, with all other like empowe

changed, or on an attachment