

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1/21

FILED
Feb 12, 2003 8:00 am
Secretary of State

01-21-2003 90038 048 ***150.00

DOCUMENT # P96000001156

1. Entity Name
LAKE DIABETES SUPPLY, INC.



Principal Place of Business
**508 N HARBOR CITY BLVD
MELBOURNE FL 32935-6838**

Mailing Address
**508 N HARBOR CITY BLVD
MELBOURNE FL 32935-6838**



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**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HARTWELL, RICHARD B
2555 SO ATLANTIC AVE.
UNIT 1205
DAYTONA BEACH FL 32118**

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

SIGNATURE *Richard B. Hartwell*

1-15-03

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 NAME STREET ADDRESS CITY-ST-ZIP	VP HARTWELL, MARK 13141 WHITEHAVEN LANE FORT MYERS FL 33912	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARTWELL, RICHARD B 2555 SO ATLANTIC AVE. # 1205 DAYTONA BEACH FL 32118	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HARTWELL, JOANNE B 2555 SO ATLANTIC AVE. # 1205 DAYTONA BEACH FL 32118	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <i>Hartwell, Philip M 1612 Clover Circle Melbourne, FL 32935</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>Neiman Kathryn M 36932 Slize Lane Grand Island, FL 32735</i>	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	VP <i>Philip M. Hartwell</i>	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <i>KATHRYN M. NEIMAN</i>	☐ 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:

Richard B. Hartwell
RICHARD B. HARTWELL

Date

Daytime Phone #

1-15-03

386-304-5941