## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 17, 2001 8:00 am Secretary of State DOCUMENT # **P97000023342** 1. Entity Names DIABETIC SUPPLY WELLNESS TEAM, INC. 04-17-2001 90127 047 \*\*\*150.00 Principal Place of Business Mailing Address 75 NE SIXTH AVE 5298F EUROPA DRIVE STE 222 BOYNTON BEACH FL 33437-2141 DELRAY BCH FL 33483-5453 US 2. Principal Place of Business 3. Mailing Address 15 NE SIXTH AVE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5 vite 114 City & State 4. FEI Number Applied For 65-0735431 Not Applicable Zip \$8:75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BOROWSKY, EDWARD Street Address (P.O. Box Number is Not Acceptable) 5298F EUROPA DRIVE 75 NE Sixth Avenue BOYNTON BEACH FL 33437-2141 Delray Beach 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. 3-16-01 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. 12. CR2E034 (10/00) TITLE ☐ Delete Change BOROWSKY, EDWARD NAME 5298 F Europa Drive STREET ADDRESS STREET ADDRESS **5298 EUROPA DRIVE** CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33437-2141 TITLE Delete TITLE WHALEN, ELLEN NAME NAME STREET ADDRESS STREET ADDRESS **3421 NW 26TH COURT** CITY-ST-7IP CITY-ST-7IP **BOCA RATON FL 33434** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-21P CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Columnal Borowsky Edward Borowsky 561-266-9575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIFFS OFFICER OR DIRECTOR

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