

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90083 042 ***158.75

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DOCUMENT # P97000023342

1. Entity Name

DIABETIC SUPPLY WELLNESS TEAM, INC.



Principal Place of Business

75 NE SIXTH AVE

STE 114

DELRAY BCH FL 33483-5453

US

Mailing Address

75 NE SIXTH AVENUE

STE 114

DELRAY BEACH FL 33483-5453

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0735431**

Applied For
Not Applicable

Zip **33483-5452** Country

Zip **33483-5452** Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOROWSKY, EDWARD

75 NE SIXTH AVENUE

STE 114

DELRAY BEACH FL 33483-5452

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 _____ (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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PT** ☐ Delete
NAME **BOROWSKY, EDWARD**
STREET ADDRESS **5298 F EUROPA DRIVE**
CITY-ST-ZIP **BOYNTON BEACH FL 33437-2141**

TITLE ☒ Change ☐ Addition
NAME **5298 Europa Drive, Apt f**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VS** ☐ Delete
NAME **BEHRMAN, STEPHEN**
STREET ADDRESS **5250 LAS VERDES CIRCLE, APT 210**
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE ☒ Change ☐ Addition
NAME **15351 Strathearn Drive, Apt 10302**
STREET ADDRESS **Delray Beach, FL**
CITY-ST-ZIP **33446**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

Edward Borowsky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-03 561-266-9575

Date Daytime Phone #

CR2E034 (10/02)