

2001-UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000023901**

1. Entity Name

WHY WEIGHT? DIET ASSISTANCE, INC.

Principal Place of Business

3265 CYPRESS GARDENS RD
SUITE A
WINTER HAVEN FL 33884

Mailing Address

6039 CYPRESS GARDENS BLVD
PMB 122
WINTER HAVEN FL 33884-4115
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KELLEY, KANDI K
6039 CYPRESS GARDENS BLVD #122
WINTER HAVEN FL 33884-4115

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

KELLEY, KANDI K

6039 CYPRESS GARDENS BLVD #122

WINTER HAVEN FL 33884-4115

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

ARSENAULT, LANONA

713 EUCLID AVE

LAKE WALES FL 33853

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Delete

12.

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

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ Change☐ Addition

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: K. K. KELLEY, PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 8, 2001

Date

(863) 318-8100

Daytime Phone #

FILED
Feb 26, 2001 8:00 am
Secretary of State

01-26-2001 90048 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2034 (10/00)