

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90441 036 ***158.75

DOCUMENT #

1. Entity Name

ATLANTIC DIABETIC SUPPLY

P9800003

671515

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4701 N. FED HWY.

Suite, Apt. #, etc.

365

City & State

POMERANO BEACH FL

Zip

33064

Country

U.S.A.

3. Mailing Address

4701 N. FEDERAL HWY.

Suite, Apt. #, etc.

STE 365

City & State

POMERANO BEACH FL

Zip

33064

Country

U.S.A.

4. FEI Number

65-0829817

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

Name and Address of Current Registered Agent

Name

John Cobey

Street Address (P.O. Box Number is Not Acceptable)

2411 NE 49th

City

LIOTHOUSE PT

FL

Zip Code

33064

**DO NOT WRITE
IN THIS SPACE**

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

John Cobey

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-28-02

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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
JOHN COBEY PRESIDENT.
2411 NE 49th.
Lighthouse Point, FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other the empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/02 954-943-9454

Date

Daytime Phone #

CR2E034B (12/01)