

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P98000095749**

1. Entity Name

PINE ISLAND DIABETIC SUPPLY, INC.**FILED****Apr 11, 2001 8:00 am**
Secretary of State

04-11-2001 90085 050 ***150.00

Principal Place of Business

Mailing Address

1342 COLONIAL BLVD.
SUITE F-44
FT. MYERS FL 33907-10131342 COLONIAL BLVD.
SUITE F-44
FT. MYERS FL 33907-1013

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

65-0798094

Applied For

Not Applicable

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

COBEY, PATRICIA~~5334 COLONY COURT~~ 4210 Fulton Circle
~~CAPE CORAL FL 33904~~ Fort Myers, FL 33905

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

Patricia Cobey**4/1/01**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
P	COBEY, PATRICIA	5334 COLONY COURT	CAPE CORAL FL 33904	P	Cobey, Patricia	4210 Fulton Circle	Fort Myers, FL 33905
V	COBEY, JAMES	5334 COLONY COURT	CAPE CORAL FL 33904	V	Cobey, James	4210 Fulton Circle	Fort Myers, FL 33905

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia Cobey, President**4/1/01**

Date

Daytime Phone #