

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000069555**1. Entity Name
EDIETPLAN.COM, INC.**FILED**
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90063 012 ***150.00

Principal Place of Business

Mailing Address

~~550 FAIRWAY DRIVE~~
~~SUITE 105-A~~
~~DEERFIELD BEACH FL 33441~~~~12169 SHERIDAN STREET~~
~~HOLLYWOOD FL 33026~~

40 B. KELLY

2. Principal Place of Business

3. Mailing Address

7360 NW 62nd Terr

7360 NW 62nd Terr

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PARKLAND, FL

City & State

PARKLAND, FL

Zip

Country

33067

USA

Zip

Country

33067

4. FEI Number

65-0993848

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

KELLY, BROMLEY

~~550 FAIRWAY DRIVE~~~~SUITE 105-A~~~~DEERFIELD BEACH FL 33441~~

Name

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

7360 NW 62nd Terrace

City

PARKLAND

FL

Zip Code

33067

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 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
PVST
KELLY, BROMLEY
6020 N. FEDERAL HWY.
BOCA RATON FL 33467 ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
7360 NW 62nd Terrace
PARKLAND, FL 33067 ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DeleteTITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)