

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2002 8:00 am
Secretary of State

03-26-2002 90072 037 ***150.00

DOCUMENT # P99000080541

1. Entity Name
DIABETES WELLNESS SOLUTIONS, P.A.

Principal Place of Business

**310 BRUNSON BLVD
 STE 109
 COCOA FL 32922**

Mailing Address

**310 BRUNSON BLVD
 STE 109
 COCOA FL 32922**

2. Principal Place of Business

882 Woodbine Drive

Suite, Apt. #, etc.

3. Mailing Address

882 Woodbine Drive

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Merritt Island, FL

City & State

Merritt Island, FL

4. FEI Number

59-3599214

Applied For

Not Applicable

Zip

Country

32952

Zip

Country

32952

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

**GLATTER, SUSAN M
 882 WOODBINE DRIVE
 MERRITT ISLAND FL 32952**

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

Susan M. Glatter

3/13/02

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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	GLATTER, SUSAN M	
STREET ADDRESS	882 WOODBINE DRIVE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	VARGO, SHARON GABRIEL	
STREET ADDRESS	740 CAJEPUT CIRCLE	
CITY-ST-ZIP	MELBOURNE VILLAGE FL 32941	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	COURTNEY, KATHY M	
STREET ADDRESS	219 ELLWOOD AVE	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P/D I/S I/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Glatter, Susan M	
STREET ADDRESS	882 Woodbine Drive	
CITY-ST-ZIP	Merritt Island, FL 32952	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Susan M. Glatter

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

321 449-0968

Daytime Phone #

CR2E034 (9/01)