

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 15, 2002 8:00 am
Secretary of State

02-15-2002 90003 012 ***150.00

0457806 AV

DOCUMENT # V34445

1. Entity Name

DIETETIC CONSULTING SERVICES, INC.

Principal Place of Business

~~2750 STATE ROAD 580~~
~~212~~
~~CLEARWATER FL 33764~~
~~US~~

Mailing Address

~~2750 STATE ROAD 580~~
~~212~~
~~CLEARWATER FL 33764~~
~~US~~

2. Principal Place of Business

26133 US HWY 19 N.

Suite, Apt. #, etc.

Suite 202

3. Mailing Address

26133 US HWY 19 N.

Suite, Apt. #, etc.

Suite 202

City & State

CLEARWATER, FL.

City & State

CLEARWATER, FL.

Zip

33763

Country

PINELANDS

Zip

33763

Country

PINELANDS

4. FEI Number

59-3127736

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SHELL-CORRELL, BARBARA
3030 MARLO BLVD.
CLEARWATER FL 33759

7. Name and Address of New Registered Agent

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SHELL-CORRELL, BARBARA	
STREET ADDRESS	3030 MARLO BLVD.	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CORRELL, PAUL W JR	
STREET ADDRESS	3030 MARLO BLVD	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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:

Barbara Shell-Correll, Jr. Paul W. Correll, Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-2002

Date

(727) 796-8927

Daytime Phone #

CR2E034 (9/01)