

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L53108

1. Entity Name

BLUE DIAMOND ASSOCIATES, INC.

NAME change to
Certified Professional &
Organization, INC

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90101 041 ***150.00

Principal Place of Business

Mailing Address

1724 N LAKESIDE
LAKE WORTH FL 33460

1724 N LAKESIDE
LAKE WORTH FL 33460-6612

2. Principal Place of Business

12230 Forest Hill Blvd

3. Mailing Address

Same

Suite, Apt. #, etc.

110

Suite, Apt. #, etc.

City & State

Wellington FL

City & State

4. FEI Number

65-0198533

Applied For

Not Applicable

Zip

32414

Country

US

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

WILSON, RENEE
1724 N LAKESIDE
LAKE WORTH FL 33460

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, 2000 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 ☐ Delete
NAME D
STREET ADDRESS WILSON, RENEE
CITY-ST-ZIP 1724 N LAKESIDE
LAKE WORTH FL

TITLE ☐ Delete
NAME D
STREET ADDRESS CUCCIA, SHELIA
CITY-ST-ZIP 5140 WOODLAND LAKES DRIVE
PALM BEACH GARDENS FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME President
STREET ADDRESS Sheila CUCCIA-DUCCI
CITY-ST-ZIP 5140 WOODLAND LAKES DR
PALM Bch Gardens, FL 33418

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)