2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

208859 DOCUMENT

1. Entity Name

Principal Place of Business

DIAMOND B. ENTERPRISES



FILED Jan 06, 2003 8:00 am Secretary of State

01-06-2003 90023 001 ***150.00

210 E FORSY JACKSONVILL US		210 E FORSYTH ST JACKSONVILLE FL 32203 US							
2. Principal Place of Business		3. Mailing Address				!	ill bibli tib il i		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING CHANGES			
City & State		City & State			4.	4. FEI Number 59-6059634 Applied Not App			
Zip	Country	Country Zip Cou			5.	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					
ם יישורים	NOIE A			Name					
BOYER, T			Street Address			(P.O. Box Number is Not Acceptable)			
210 E FO	rsyth st					7.6. Don't ambot to the choop table)			
- JACKSON	IVILLE FL 32202								
				City		FL	Zip Cod	е	
8. The above	named entity submits this statement fo	r the purpose of changing its	register	d office or regis	etered a	gent, or both, in the State of Florida. I am fa	milior with	and accord	
	tions of registered agent.	ittle purpose or changing its	registeri	ad office of regis	siereu aç	gent, or both, in the state of morida. Tarn la	итина: with,	anu accept	
								İ	
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature requ	uired when i	reinstating) DATE			
	ILE NOW!!! FEE IS \$150.00					9. Election Campaign Financing	 \$5.0	0 May Be	
	r May 1, 2003 Fee will be \$550.00 c Payable to Florida Department of	State				Trust Fund Contribution.		to Fees	
10.	OFFICERS AND		11.		Λ.	DDITIONS (CHANGES TO OFFICERS AND	DIDECTOR	C IN 11	
TITLE	DP OFFICERS AND	Delete	TITLE	. 1	AL	DDITIONS/CHANGES TO OFFICERS AND			
NAME	BOYER, TYRIE A.	□ Delete	NAM	i			☐ Change	☐ Addition	
STREET ADDRESS	210 E FORSYTH ST			ET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32202			- ST - ZIP					
TITLE	DS	☐ Delete	TITLE			The state of the s	☐ Change	Addition	
NAME	BOYER,ELIZABETH	LJ Doicie	NAM	i			onange		
STREET ADDRESS	210 E FORSYTH ST		STRE	ET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32202	,	CITY	-ST-ZIP					
TITLE	DV	Delete	TITLE	: -			☐ Change	Addition	
NAME	BOYER, LEE C		NAM			-			
STREET ADDRESS	210 E FORSYTH ST		STRE	ET ADDRESS					
CITY-ST-ZIP	JACKSONVILLE FL 32202		CITY	-ST-ZIP					
TITLE		☐ Delete	TITLE	:			☐ Change	☐ Addition	
NAME			NAM	Ē .					
STREET ADDRESS			STRE	ET ADDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE	I			Change	☐ Addition	
NAME			NAME					1	
STREET ADDRESS				ET ADDRESS				1	
CITY-ST-ZIP			CITY-	ST-ZIP					
TITLE		☐ Delete	TITLE	1		•	Change	☐ Addition	
NAME STREET ADDRESS			NAME						
OTTY OT ZID			STREE	ET ADDRESS					

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAMO OFFICER OF DIRECTOR