

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000002124

1. Entity Name

THE DIAMOND PHOENIX CORPORATION

Principal Place of Business

PO BOX 1808
LEWISTON ME 04241-1808

Mailing Address

PO BOX 1808
LEWISTON ME 04241-1808

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

01-0499341

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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 PD
NAME STRAYHORN, E. LARRY
STREET ADDRESS 9 SURREY LANE
CITY-ST-ZIP FALMOUTH ME ☐ Delete

TITLE TD
NAME COYNE, THOMAS F
STREET ADDRESS 7 MAYFLOWER RD.
CITY-ST-ZIP FALMOUTH ME ☐ Delete

TITLE V
NAME BEEBE, PAUL E
STREET ADDRESS 19 ROBERTS RD.
CITY-ST-ZIP SABATTUS ME ☒ Delete

TITLE S
NAME VOGEL, GARY
STREET ADDRESS 477 CONGRESS ST.
CITY-ST-ZIP PORTLAND ME ☐ Delete

TITLE D
NAME ROCK, DAVID
STREET ADDRESS 310 LAKESIDE DRIVE
CITY-ST-ZIP FOSTER CITY CA ☐ Delete

TITLE D
NAME STORY, MARTIN
STREET ADDRESS 3908 HALL ST., SW
CITY-ST-ZIP GRAND RAPIDS MI ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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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:

Elisavinda Strayhorn

8/30/01

Date

207-784-1381

Daytime Phone #

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90011 019 ***550.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (5/01)