

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 11, 2001 08:00 AM**
Secretary of State**DOCUMENT # F00000006184**1. Entity Name
DIAMOND RETAIL SERVICES, INC.

Principal Place of Business

8500 SHILLING STREET, P.O. BOX 727

STOKESDALE

NC

273570727

Mailing Address

8500 SHILLING STREET, P.O. BOX 727

STOKESDALE

NC

273570727

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

56-1941035

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPAMERICA, INC.
416 S.E. 15 STREET**FORT LAUDERDALE**
33316

US

FL

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)

01/11/2001

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, 2001 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	VC	<input type="checkbox"/> Delete
NAME	CASEY ROBERT LSR.	
STREET ADDRESS	8146 FLATROCK ROAD	
CITY-ST-ZIP	STOKESDALE NC 273579318	
TITLE	DS	<input type="checkbox"/> Delete
NAME	CASEY GRACIE J	
STREET ADDRESS	8146 FLADROCK ROAD	
CITY-ST-ZIP	STOKESDALE NC 273579318	
TITLE	PTC	<input type="checkbox"/> Delete
NAME	CASEY ROBERT LJR.	
STREET ADDRESS	4711 HICKORY WOODS DRIVE	
CITY-ST-ZIP	GREENBORO NC 27410	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY ROBERT LSR.	
STREET ADDRESS	8146 FLATROCK ROAD	
CITY-ST-ZIP	STOKESDALE NC 273579318	
TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY GRACIE J	
STREET ADDRESS	8146 FLATROCK ROAD	
CITY-ST-ZIP	STOKESDALE NC 273579318	
TITLE	PTC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASEY ROBERT LJR.	
STREET ADDRESS	4711 HICKORY WOODS DRIVE	
CITY-ST-ZIP	GREENBORO NC 27410	
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		
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: ROBERT L. CASEY, SR.

VP

01/11/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)