

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F32440

1. Entity Name
DIAMOND CONSULTANTS, INCORPORATED

FILED
Aug 31, 2000 8:00 am
Secretary of State

08-31-2000 90103 012 ***558.75

Principal Place of Business Mailing Address
PO BOX ~~2410~~ 14287 P.O. BOX 2410 SAME
CRYSTAL RIVER FL 32629 CRYSTAL RIVER FL 32629
US N.P. Beach, FL 33408-0787 US

NOV 14 2000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2087764		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired		X \$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent

CRIDER, JOHN
521 W. FORT ISLAND TRAIL SUITE A
CRYSTAL RIVER FL 34429

7. Name and Address of New Registered Agent

Name: CARSON B. BOHMAN
Street Address (P.O. Box Number is Not Acceptable): 8480 W. HOWARD ST. TRAIL
City: HOWARD ST. FL Zip Code: 34447

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 Carson B. Bohman CARSON B. BOHMAN 8-28-00
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) <input type="checkbox"/>	FILE NOW!!! FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD REILLY, GERALD M 1190 SUGARSANDS #414 RIVIERA BCH. FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: Gerald M. Reilly GERALD M. REILLY 08/25/00 845-6432 561.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)