

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2002 8:00 am
Secretary of State

05-16-2002 90024 044 ***150.00

DOCUMENT # F32440

1. Entity Name
DIAMOND CONSULTANTS, INCORPORATED

Principal Place of Business
PO BOX 14787
NORTH PALM BEACH FL 33408-0787
US

Mailing Address
P. O. BOX 2410
CRYSTAL RIVER FL 32629
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

1190 SUGARS SANDS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

UNIT 414

City & State

City & State

SINGAPORE ISLAND FL

4. FEI Number

59-2087764

Applied For

Not Applicable

Zip

Country

Zip

Country

33404-3138

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

BOMAR, CARSON B
8480 W HOMOSASSA TRAIL
HOMOSASSA SPRINGS FL 34447

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, 2002 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

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 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
PSD
ANTHONY REILLY
1190 SUGARSANDS #414
SINGAPORE ISLAND FL 33404-3138 Change Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP
 Change Addition

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 CITY-ST-ZIP
 Change Addition

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: *Antony Reilly* **REILLY**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-02

Date

561-845-6482

Daytime Phone #

CR2E034 (9/01)