

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F76749

1. Entity Name

DIAMOND PRODUCTS COMPANY

Principal Place of Business

Mailing Address

3901 COCONUT PALM DR  
STE 100  
TAMPA FL 33619  
US

PO BOX 1777  
MANGO FL 33550  
US

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 59-2188406

Applied For

Not Applicable

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

SMITH, THAYOR  
3901 COCONUT PALM DR STE 100  
TAMPA FL 33618

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	ALEXANDER, DAVID	
STREET ADDRESS	3901 COCONUT PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MENDOS, WAYNE	
STREET ADDRESS	3901 COCONUT PALM DR	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRASWELL, HENRY	
STREET ADDRESS	3901 COCONUT PALM DR, STE 100	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	C	<input type="checkbox"/> Delete
NAME	BRIDGES, E. BARTON	
STREET ADDRESS	3901 RICA BOULEVARD COCONUT PALM DR	
CITY-ST-ZIP	TAMPA FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, THAYER	
STREET ADDRESS	3901 COCONUT DRIVE, STE 100	
CITY-ST-ZIP	TAMPA FL	
TITLE	VST	<input type="checkbox"/> Delete
NAME	STAFFORD, BRUCE	
STREET ADDRESS	3901 COCONUT DRIVE, STE 100	
CITY-ST-ZIP	TAMPA FL	

TITLE	EVF	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERT MARTIN	
STREET ADDRESS	3901 COCONUT PALM DR	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CURTIS WILCHON	
STREET ADDRESS	3901 COCONUT PALM DR	
CITY-ST-ZIP	TAMPA, FL 33619	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRANK GROTE	
STREET ADDRESS	3901 COCONUT PALM DR	
CITY-ST-ZIP	TAMPA, FL 33619	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRUCE STAFFORD

Date

Daytime Phone #

FILED  
Jan 17, 2001 8:00 am  
Secretary of State

01-17-2001 90085 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)