

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90179 004 \*\*\*150.00

**DOCUMENT # F76749**

1. Entity Name  
**DIAMOND PRODUCTS COMPANY**



Principal Place of Business  
**3120 WILLIAMS RD  
BRANDON FL  
US**

Mailing Address  
**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**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**SMITH, THAYER  
3901 COCONUT PALM DR STE 100  
TAMPA FL 33618**

## 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>ALEXANDER, DAVID</b>
STREET ADDRESS	<b>3901 COCONUT PALM DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33619</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>EVP</b>
STREET ADDRESS	<b>MARTIN, BERT</b>
CITY-ST-ZIP	<b>3901 COCONUT PALM DR</b>
TITLE	<input checked="" type="checkbox"/> Delete
NAME	<b>BRASWELL, HENRY</b>
STREET ADDRESS	<b>3901 COCONUT PALM DR</b>
CITY-ST-ZIP	<b>TAMPA FL 33619</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>BRIDGES, E. BARTON</b>
STREET ADDRESS	<b>3901 COCONUT PALM DR</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>PD</b>
STREET ADDRESS	<b>SMITH, THAYER</b>
CITY-ST-ZIP	<b>3901 COCONUT PALM DR</b>
TITLE	<input type="checkbox"/> Delete
NAME	<b>VST</b>
STREET ADDRESS	<b>STAFFORD, BRUCE</b>
CITY-ST-ZIP	<b>3901 COCONUT PALM DR</b>
	<b>TAMPA FL</b>

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SVP</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SVP SALES</b>
STREET ADDRESS	<b>Pete Columbia</b>
CITY-ST-ZIP	<b>3120 Williams Rd</b>
	<b>Brandon FL 33510</b>
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SVP</b>
STREET ADDRESS	<b>Bo Young</b>
CITY-ST-ZIP	<b>3120 Williams Rd</b>
	<b>Brandon, FL 33510</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3120 Williams Rd</b>
CITY-ST-ZIP	<b>Brandon, FL 33510</b>
TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3120 Williams Rd</b>
CITY-ST-ZIP	<b>Brandon, FL 33510</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>3120 Williams Rd</b>
CITY-ST-ZIP	<b>Brandon, FL 33510</b>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BRUCE STAFFORD** SECRETARY 4/18/03 813-622-8895  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)