FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2001 8:00 am Secretary of State DOCUMENT # **F9400000752** 1. Entity Name 04-07-2001 90010 007 \*\*\*150.00 JERRY DIAMOND & ASSOCIATES, INC. Principal Place of Business Mailing Address 3902 N 9TH AVE P.O. BOX 30051 **PUCCPUUA** PENSACOLA FL 32503 PENSACOLA FL 32503 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3236789 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required ... 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIAMOND, JERRY Street Address (P.O. Box Number is Not Acceptable) 2354 ARRIVISTE WAY PENSACOLA FL 32504 Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, ☐ Addition CR2E034 (10/00) Change TITLE ☐ Delete TITLE DIAMOND, JERRY NAME NAME STREET ADDRESS STREET ADDRESS 2354 ARRIVISTE WAY CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE vcvs NAME NAME DIAMOND, KEVIN STREET ADDRESS STREET ADDRESS 2354 ARRIVISTE WAY CUY-ST-7iP CITY-ST-ZIP PENSACOLA FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME DIAMOND, CAROLYN P STREET ADDRESS STREET ADDRESS 2354 ARRIVISTA WAY CITY-ST-ZIE CITY-ST-ZIP PENSACQLA FL 32504 ☐ Change ☐ Addition TITI E Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TİTLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIP CITY-ST-7IP 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:

4-2-01 /-850-436