

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**  
04-22-2002 90253 026 \*\*\*150.00

1. Entity Name  
**UNITED DIAMOND CORPORATION**

24 S. RIVER ST.  
WILKES BARRE PA 18703-1525

24 S. RIVER ST.  
WILKES BARRE PA 18703-1525

### 3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Country

Country

**23-2494374**

Not Applicable
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☐ **\$8.75** Additional Fee Required**7. Name and Address of New Registered Agent**

STRATTON, DOUGLAS D ESQ  
407 LINCOLN RD., #2B  
MIAMI BEACH FL 33139

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ZITOFKY, JOEL	
STREET ADDRESS	24 S. RIVER ST.	
CITY-ST-ZIP	WILKES BARRE PA 18703-1525	

TITLE	D	<input type="checkbox"/> Delete
NAME	ZITOFKY, RONNE K	
STREET ADDRESS	24 S. RIVER ST.	
CITY - ST - ZIP	WILKES BARRE PA 18703-1525	

TITLE	VPTS	<input type="checkbox"/> Delete
NAME	PATTERSON, SHERRI L	
STREET ADDRESS	24 S. RIVER ST.	
CITY-ST-ZIP	WILKES BARRE PA 18703-1525	

TITLE	PSD	<input type="checkbox"/> Delete
NAME	SHOVAL, Y J	
STREET ADDRESS	24 S. RIVER ST.	
CITY - ST - ZIP	WILKES BARRE PA 18703-1525	

TITLE	D	<input type="checkbox"/> Delete
NAME	SHOVAL, SUSAN W	
STREET ADDRESS	24 S. RIVER ST.	
CITY - ST - ZIP	WILKES BARRE PA 18703-1525	

TITLE	S	<input type="checkbox"/> Delete
NAME	LEZINSKI, WILLIAM M.	
STREET ADDRESS	24 S RIVER ST	
CITY-ST-ZIP	WILKES BARRE PA 18703	

TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Daytime Phone #

CR2E034 (9/01)