07-07-2003-90141-029 ***150.00

F97000000142

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

03 JUL -9 AM 10: 17 F97000000142 DOCUMENT # 1. Entity Name America Hilly of DIMIF HOUSE OF DIAMONDS, INC. TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3759 SURREY LANE C/O LARRY GEIMER. CPA 1515 RINGLING BLVD STE 890 **SARASOTA FL 34235-2417** SARASOTA FL 34236 US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 36-2645517 Not Applicable Zip Zip Country Country \$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 HARVEY, THELMA D Street Address (P.O. Box Number is Not Acceptable) 4479 LONGMEADOW DRIVE urreg SARASOTA FL 34235 City Zip Code FL 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 Signature, typed or printed name of Registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating DATE FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TIT) F PTD IIΠE CR2E034 (4/03) ☐ Delete Addition HARVEY, THELMA'D NAME NAME 3759 SURREY LANE STREET ADDRESS STREET ADDRESS **SARASOTA FL 34235-2417** CITY-ST-ZIP CITY-ST-ZIP **VPSD** TITLE ☐ Delete TITLE ☐ Change ■ Addition HARVEY, G NAME NAME STREET ADDRESS 3759 SURREY LANE STREET ADDRESS SARASOTA FL 34235-2417 CITY-ST-71P CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUTY-ST-ZIP TITLE ☐ Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 suppliemental 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:

Machaint Please fargine the Nite Part paper F9700000142 was given the formo (enclosed in teleof this year to got hospital for open heart suragery Felico 2003 sen in Haspital for The part 6. home frot in the reduced in 15000 for each corporation or me presentich fire to do do