

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004981

1. Entity Name

DIAMOND TELEPHONE SERVICE, INC.

Principal Place of Business

12 THIRD ST
BAY SPRINGS MS 39422

Mailing Address

PO BOX 922
BAY SPRINGS MS 39422

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

C-T CORPORATION-SYSTEM-
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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.

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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

TITLE P ☒ Delete
NAME MCKINLEY, JONATHAN
STREET ADDRESS 12 THIRD ST
CITY-ST-ZIP BAY SPRINGS MS 39422

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE CEOPD ☒ Change ☐ Addition
NAME Fail, Charles F
STREET ADDRESS 12 Third Street
CITY-ST-ZIP Bay Springs, Ms 39422

TITLE VD ☒ Change ☐ Addition
NAME Fail, Cy F
STREET ADDRESS 12 Third Street
CITY-ST-ZIP Bay Springs, Ms 39422

TITLE STD ☒ Change ☐ Addition
NAME Alexander, Donna F
STREET ADDRESS 12 Third Street
CITY-ST-ZIP Bay Springs, Ms 39422

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

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

TITLE ☐ Change ☐ 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:

Donna F. Alexander
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donna F. Alexander

7.20.00

Date

601.764.3463

Daytime Phone #

FILED
Aug 11, 2000 8:00 am
Secretary of State

08-11-2000 90055 041 ***550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)