

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 14, 2002 8:00 am
Secretary of State

02-14-2002 90076 033 ***150.00

405562



DO NOT WRITE IN THIS SPACE

DOCUMENT # F97899			
1. Entity Name DIAMOND FOLIAGE, INC.			
Principal Place of Business 4651 E. SADLER RD. P. O. BOX 757 ZELLWOOD FL 32798		Mailing Address 4651 E. SADLER RD. P. O. BOX 757 ZELLWOOD FL 32798	
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 59-2230552		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MURASKO, JOSEPH M 505 U.S. HWY 17-92, P.O. BOX 746 FERN PARK FL 32730		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 \$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	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST LEBAN, ALFRED 4651 E. SADLER RD ZELLWOOD FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBAN, FRAN 922 PONYTAIL PALM CIRCLE OVIEDO FL 32765 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (9/01)

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:** *Alfred Leban* **SIGNATURE REQUIRED** 1/25/02 407-889-0056
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #