

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003937

1. Entity Name

PAULA THRASHER DIAMOND IMPORTERS, INC.

FILED
Feb 22, 2000 8:00 am
Secretary of State

02-22-2000 90023 035 ***150.00

Principal Place of Business

Mailing Address

5150 TAMiami TRAIL NO. #402
NAPLES FL 34105

5150 TAMiami TRAIL NO. #402
NAPLES FL 34105

2. Principal Place of Business

3. Mailing Address

P.O. Box 7366

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

naples FL

4. FEI Number 47-0791961

Applied For

Not Applicable

Zip

Country

Zip

Country

34102

Collier

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

THRASHER, MIKE
2030 SWAINSONS RUN
NAPLES FL 34105

Name Paula Thrasher
Street Address (P.O. Box Number is Not Acceptable)

2030 Swainsons Run

City naples

FL

Zip Code 34105

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, 2000 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

OFFICERS AND DIRECTORS

12.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Delete

☐ Change ☐ Addition

CPST
THRASHER, PAULA
2030 SWAINSONS RUN
NAPLES FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

V
BLACKMAN, CRISTAN K
105 REVA RIDGE ROAD
HENDERSONVILLE TN 37075

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

D
BLACKMAN, EDWARD G IV
9146 S. CROMWELL
HIGHLANDS RANCH CO 80126

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

V
THRASHER, MIKE
2030 SWAINSONS RUN
NAPLES FL 34105

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

ADDRESS
ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

☐ Change ☐ Addition

ADDRESS
ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)