2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003937

1. Entity Name
PAULA THRASHER DIAMOND IMPORTERS, INC.

Principal Place of Business	Mailing Address
~~1144 THIRD STREET~~ *please*	~~PO BOX 7000~~
~~NAPLES FL 34101~~ *correct*	A
OLD FLORIDA Bank	~~NAPLES FL 34102~~
24201 Walden Center Rd Bonita Springs, Fl 34134	

2. Principal Place of Business
24201 Walden Center Rd

Suite, Apt. #, etc.
#101

3. Mailing Address

Suite, Apt #, etc. *Same*

City & State
Bonita Springs

City & State

Zip *34134* Country *Lee*

Zip   Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 47-0791961

☐ Applied For
☐ Not Applicable

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

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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THRASHER, PAULA 2030 SWAINSONS RUN NAPLES FL 34105	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Paula Thrasher*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

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10.	OFFICERS AND DIRECTORS		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPST THRASHER, PAULA 2030 SWAINSONS RUN NAPLES FL 34105	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Paula Thrasher*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #