

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2003 8:00 am
Secretary of State

03-14-2003 90050 033 ***150.00

DOCUMENT # G48447

1. Entity Name
DIZNEY DOUBLE DIAMOND, INC.



Principal Place of Business
**603 MAIN STREET
P.O. BOX 1100
WINDERMERE FL 34786-1100
US**

Mailing Address
**P. O. BOX 1100
WINDERMERE FL 34786-1100
US**



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **59-2307573**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**BARKMAN, KEVIN
603 MAIN STREET
WINDERMERE FL 34786**

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. I am familiar with, and accept the obligations of registered agent.

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

**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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DCST DIZNEY, DONALD R. 603 MAIN STREET WINDERMERE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIZNEY, DAVID A 603 MAIN STREET WINDERMERE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAND, DEIRDRE D 603 MAIN STREET WINDERMERE FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DIZNEY, IRENE M. 603 MAIN STREET WINDERMERE FL 34786	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRAND, ROGER 603 MAIN STREET WINDERMERE FL 34786	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

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

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 file 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-12-03

CR2E034 (10/02)