

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H52316

1. Entity Name

DIAMOND K INDUSTRIES, INC.

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

04-11-2000 90167 043 ***150.00

Principal Place of Business

Mailing Address

260 BALDWIN RD
P.O. BOX 1019
SATSUMA AL 36572
US

~~6212-L BAYSHORE BLVD~~
~~TAMPA FL 33611 5019~~
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

135 WEST NORTH AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
BROOKSVILLE, FL.

4. FEI Number 59-2520624

Applied For

Not Applicable

Zip

Country

Zip

34601

Country

US

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

KEGLEY, DAVID F.

Name

KEGLEY, DAVID F.

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

135 WEST NORTH AVENUE

City

BROOKSVILLE, FL.

FL

Zip Code

34601

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, 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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP ☐ Delete
NAME KEGLEY, DAVID F.
STREET ADDRESS 6212-L BAYSHORE BLVD.
CITY-ST-ZIP TAMPA FL

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 135 WEST NORTH AVENUE
CITY-ST-ZIP BROOKSVILLE, FL 34601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

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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:

DAVID F. KEGLEY
SIGNATURE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 5, 2000
Date

813-831-3539
Daytime Phone #

CR2E034 (9/99)