2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # J22535** 1. Entity Name DIAMOND G INVESTMENTS, INC. 03-15-2000 90094 017 ***150.00 Principal Place of Business Mailing Address 1728 LEE JANZEN DR 1728 LEE JANZEN DR KISSIMMEE FL 34744-3951 KISSIMMEE FL 34744 60037934 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suité, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2695265 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GROSS, C.N., JR. Street Address (P.O. Box Number is Not Acceptable) 1728 LEE JANZEN DR KISSIMMEE FL 34744 Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition DST TITLE ☐ Delete TITLE GROSS, C.N., JR. NAME NAME STREET ADDRESS STREET ADDRESS 25 E. 17TH ST. CITY-ST-ZIP CITY-ST-ZIP ST. CLOUD FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE GROSS, DARLENE, Y. NAME NAME STREET ADDRESS STREET ADDRESS 1728 LEE JANZEN DR CITY-ST-ZIP CITY-ST-ZIP KISSIMMEE FL 34744 ☐ Delete Change Addition | TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS CITY-\$T-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

3-9-00 401-344-1004