

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 29, 2005 08:00 AM
Secretary of State

ATX1

| |
|---------------------------------------|
| DOCUMENT # K77070 |
| 1. Entity Name |
| DIAMOND SECURITY & INVESTIGATIONS INC |

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business 2755 OLD HICKORY TREE ROAD Suite, Apt. #, etc. | 3. Mailing Address 2755 OLD HICKORY TREE ROAD Suite, Apt. #, etc. |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|---|--|--|---|
| City & State ST CLOUD, FL | City & State ST CLOUD FL | 4. FEI Number 59-2964508 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 34772 | Country USA | Zip 34772 | Country USA |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

**DO NOT WRITE
IN THIS SPACE**

| | |
|---|-----------|
| 7. Name and Address of Current Registered Agent | |
| Name STEVEN R HERSTICH | |
| Street Address (P.O. Box Number is Not Acceptable) 2755 OLD HICKORY TREE ROAD | |
| City ST CLOUD | FL |
| Zip Code 34772 | |

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

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

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

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.

| | | | |
|--|---|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/S/T/D STEVEN R. HERSTICH 2755 OLD HICKORY TREE ROAD ST CLOUD, FL 34772 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 000000341595 04/29/05-80021-025 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D JUDY E. HERSTICH 2755 OLD HICKORY TREE ROAD ST CLOUD, FL 34772 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Steve Herbstich
PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

25 April 05 1/07-396-191