

2000 UNIFORM BUSINESS REPORT (UBR)

FILED

May 08, 2000 8:00 am
Secretary of State

05-08-2000 90095 049 ***150.00

654502



DO NOT WRITE IN THIS SPACE

DOCUMENT # L27256

1. Entity Name

DIAMONDBACK MANUFACTURING, INC.

Principal Place of Business

Mailing Address

% LAWRENCE L. FLECKINGER
4130 PINE TREE PLACE
COCOA FL 32926

% LAWRENCE L. FLECKINGER
4130 PINE TREE PLACE
COCOA FL 32926-3310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2972832

Applied For

Not Applicable

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

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if 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	P	<input type="checkbox"/> Delete
NAME	ROBERSON, BOBBY VANCE	
STREET ADDRESS	4125 PINETREE PLAE	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FLECKINGER, VIC	
STREET ADDRESS	4125 PINETREE PL	
CITY-ST-ZIP	COCOA FL 32926	
TITLE	ST	<input type="checkbox"/> Delete
NAME	CAUSEY, MARSHA RENEE	
STREET ADDRESS	4125 PINETREE PL	
CITY-ST-ZIP	COCOA FL 32926	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE L. Fleckinger	
STREET ADDRESS	4125 Pinetree Place	
CITY-ST-ZIP	COCOA, FL. 32926	
TITLE	Sec-Treas.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANCES C. Fleckinger	
STREET ADDRESS	4125 Pinetree Place	
CITY-ST-ZIP	COCOA, FL. 32926	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-00

Date

407-633-5624

Daytime Phone #

CR2E034 (9/99)