

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L97000000547

1. Entity Name  
DIAMOND CUT TECHNOLOGIES, L.C.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 25 AM 10:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
ONE ALTO WAY  
ATMORE AL 36502

Mailing Address  
PO BOX 1088  
ATMORE AL 36504

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 59-3431486 Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDA, DAVID  
4140 MONTALVO DR.  
PENSACOLA FL 32504

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

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State  
Due By September 26, 2001

700004618277--3  
-10/01/01--01069--008  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM JOHNSON, MICHAEL E 2957 NO. 36TH AVENUE MILTON FL 32583 ☒ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP  
MGRM ALTO PRODUCTS ONE ALTO WAY ATMORE AL 36502 ☐ Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/24/01 334-368-7777  
Date Daytime Phone #

STAPLE CHECK HERE

CR2E083 (5/01)