

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM****Secretary of State****DOCUMENT # L99000006988**1. Entity Name
DIAMOND CUSTOM PAINTING & FAUX FINISHES, L.C.Principal Place of Business
749 CROSSFIELD CIRCLE
NAPLES FL 34104
Mailing Address
749 CROSSFIELD CIRCLE
NAPLES FL 341042. Principal Place of Business
Suite, Apt. #, etc.
City & State
3. Mailing Address
Suite, Apt. #, etc.
City & State

DO NOT WRITE IN THIS SPACE

Zip Country Zip Country

4. FEI Number
59-3576677
Applied For
Not Applicable5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required6. Name and Address of Current Registered Agent
REEVE DAVID DIAMOND
749 CROSSFIELD CIRCLE
NAPLES FL 34104 US
7. Name and Address of New Registered Agent
Name
REEVE DIAMOND DMGR
Street Address (P.O. Box Number is Not Acceptable)
749 CROSSFIELD CIRCLE
City NAPLES FL Zip Code 34104

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 **DIAMOND D. REEVE** 04/30/2001
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 State9. MANAGING MEMBERS / MEMBERS
TITLE MGRM ☐ Delete
NAME REEVE STEPHANIE G
STREET ADDRESS 749 CROSSFIELD CIRCLE
CITY-ST-ZIP NAPLES FL 34104
TITLE MGR ☐ Delete
NAME REEVE DAVID DIAMOND
STREET ADDRESS 749 CROSSFIELD CIRCLE
CITY-ST-ZIP NAPLES FL 34104
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
10. ADDITIONS / CHANGES
TITLE MGRM ☒ Change ☐ Addition
NAME REEVE STEFANY GCFO
STREET ADDRESS 749 CROSSFIELD CIRCLE
CITY-ST-ZIP NAPLES FL 34104
TITLE MGR ☒ Change ☐ Addition
NAME REEVE DIAMOND DMGR
STREET ADDRESS 749 CROSSFIELD CIRCLE
CITY-ST-ZIP NAPLES FL 34104
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Diamond D. Reeve** MGR 04/30/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)