

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 04, 2002 8:00 am**  
**Secretary of State**

02-04-2002 90002 033 \*\*\*\*50.00

0017798

**DOCUMENT # L99000007268**

1. Entity Name  
**DIAMOND FINANCIAL STRATEGIES, LLC**

Principal Place of Business      Mailing Address

**201 EAST KENNEDY BOULEVARD, SUITE 334**      **201 EAST KENNEDY BOULEVARD, SUITE 334**  
**TAMPA FL 33131**      **TAMPA FL 33131**

**915258**

2. Principal Place of Business      3. Mailing Address

**4115 W. Dale Ave**      **4115 W. Dale Ave**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State      City & State      4. FEI Number      Applied For

**Tampa FL**      **Tampa FL**      **59-3611959**       Not Applicable

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

**33609**           **33609**                 **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**INTRASTATE REGISTERED AGENT CORPORATION**  
**701 BRICKELL AVENUE, SUITE 3000**  
**MIAMI FL 33131**

**7. Name and Address of New Registered Agent**

Name **Johnnie Cason**

Street Address (P.O. Box Number is Not Acceptable)  
**4115 W Dale Ave**

City **Tampa**      FL      Zip Code **33609**

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 *Johnnie R. Cason*      **Johnnie R. Cason**      **1-17-02**

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 May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
MGR	DOWELL, DANIEL	201 EAST KENNEDY BOULEVARD, SUITE 334	TAMPA FL 33131	<input checked="" type="checkbox"/>
MGRM	LUKER, MICHAEL	201 EAST KENNEDY BOULEVARD, SUITE 334	TAMPA FL 33131	<input checked="" type="checkbox"/>
MGRM	PEREZ, MICHAEL	201 EAST KENNEDY BOULEVARD, SUITE 334	TAMPA FL 33131	<input checked="" type="checkbox"/>
MGRM	CASON, JOHNNIE	201 EAST KENNEDY BOULEVARD, SUITE 334	TAMPA FL 33131	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

**10. ADDITIONS/CHANGES**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
MGRM	CASON, JOHNNIE	4115 W. Dale Ave	Tampa, FL 33609	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Johnnie R. Cason*      **1-17-02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)