

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

**FILED**  
**May 14, 2002 8:00 am**  
**Secretary of State**

05-14-2002 90075 001 \*\*\*450.00

DOCUMENT # P00000014599

1. Entity Name

DIAMOND TITLE AND ASSOCIATES, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
2211 OAKLANE ROAD

Suite, Apt. #, etc.

SUITE B

City & State

VALRICO, FLORIDA

Zip

33594

Country

USA

3. Mailing Address  
2211 OAKLANE ROAD

Suite, Apt. #, etc.

SUITE B

City & State

VALRICO, FLORIDA

Zip

33594

Country

USA

4. FEI Number  
59-3616432

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

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

Name

ELIZABETH A. GRIFFIN

Street Address (P.O. Box Number is Not Acceptable)

2211 OAKLANE ROAD

City

VALRICO

FL

Zip Code

33594

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

*Elizabeth A. Griffin*

Signature typed or printed name of registered agent, if applicable.

(NOTE: Registered Agent signature required when reissuing)

5/1/02

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

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

Amended UBR is \$61.25

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**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PVTS  
GRIFFIN, ELIZABETH A.  
2211 OAKLANE ROAD  
VALRICO, FL 33594

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE:

*Elizabeth A. Griffin*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIZABETH A. GRIFFIN

5/1/02

DATE

813-643-1230

Daytime Phone #

CR000000014599