

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2001 8:00 am**  
**Secretary of State**

05-15-2001 90064 037 \*\*\*150.00

**DOCUMENT # P00000015605**

1. Entity Name  
**DIAMONDS ET CETERA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address  
~~601 RIVERSIDE AVE., BLDG. II, STE. 650A~~ ~~601 RIVERSIDE AVE., BLDG. II, STE. 650A~~  
**JACKSONVILLE FL 32204** **JACKSONVILLE FL 32204**

2. Principal Place of Business 3. Mailing Address  
**729 POST STREET** **729 POST STREET**

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

City & State City & State 4. FEI Number **22-3708089** Applied For  
 Not Applicable

Zip Country Zip Country 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

**HUTCHINS, RAYMOND L**  
~~601 RIVERSIDE AVE., BLDG. II, STE. 650A~~  
**JACKSONVILLE FL 32204**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**729 POST STREET**  
 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 \_\_\_\_\_ (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. ☐ **FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>D/P/S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUTCHINS, RAYMOND L</b>		NAME		
STREET ADDRESS	<del>601 RIVERSIDE AVE., BLDG. II, STE. 650A</del>		STREET ADDRESS	<b>729 POST STREET</b>	
CITY-ST-ZIP	<b>JACKSONVILLE FL 32204</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROWN, MICHAEL A</b>		NAME		
STREET ADDRESS	<b>2446 LOURDES DR. W.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>JACKSONVILLE FL 32210</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<b>D/VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	<b>CABLE, ELIZABETH M.</b>	
STREET ADDRESS			STREET ADDRESS	<b>2218 BANCHORY ROAD</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>WINTERPARK, FL 32792</b>	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:** **04-30-01** **904-354-3335**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)