

2001 UNIFORM BUSINESS REPORT (UBR)

6/2

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-02-2001 90002 025 ***158.75

DOCUMENT # P00000030730

1. Entity Name

DIAMOND CUT LAWNS, INC.

Principal Place of Business

1066 IRELAND DRIVE
 DELTONA FL 32725

Mailing Address

1066 IRELAND DRIVE
 DELTONA FL 32725

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

COMBS, MATTHEW C
 1066 IRELAND DRIVE
 DELTONA FL 32725

4. FEI Number

59-3529472

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

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

Matthew Combs

5/1/01

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

(NOT

Registered Agent signature required when reinstating)

DATE

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

☐

FILE NOW!
 After MAY 1, 2001 Fee will be \$550.00
 Make Check Payable to Department of State

FEE IS \$150.00
 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

TITLE	President	☐ Delete
NAME	Matthew C Combs	
STREET ADDRESS	1066 Ireland Drive	
CITY-ST-ZIP	Deltona, FL 32725	
TITLE	Vice Pres & Secretary	☐ Delete
NAME	Julie Combs	
STREET ADDRESS	1066 Ireland Dr	
CITY-ST-ZIP	Deltona FL 32725	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Matthew Combs

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CPRE004 (10/00)