

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90083 012 \*\*\*150.00

**DOCUMENT # P00000049019**

1. Entity Name

**DIAMOND COMPUTER CONSULTING OF SOUTH FLORIDA, IN**

Principal Place of Business

836 SE LAKEVIEW DR., SUITE 336  
 SEBRING FL 33870

Mailing Address

836 SE LAKEVIEW DR., SUITE 336  
 SEBRING FL 33870

2. Principal Place of Business

836 SE Lakeview Dr. Ste 336  
 Suite, Apt. #, etc.

3. Mailing Address

836 SE Lakeview Dr  
 Suite, Apt. #, etc.  
 Ste 336

City & State

Sebring FL

City & State

Sebring FL

Zip

33870

Country

Highlands

Zip

33870

Country

Highlands



DO NOT WRITE IN THIS SPACE

4. FEI Number

☒ Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

RILLING, RICHARD J ESQ.  
 370 W. CAMINO GARDENS BLVD., SUITE 210  
 BOCA RATON FL 33432

7. Name and Address of New Registered Agent

Name Paul Skwera PS  
 Street Address (P.O. Box Number is Not Acceptable)  
6108 Seashore Drive PS  
 City Lantana PS **FL** Zip Code 33462

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 Paul Skwera Paul Skwera 3/14/01  
 Signature, typed or printed name of registered agent and title if applicable. (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.  
 (See criteria on back) ☐

**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 NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete D SKWERA, PAUL 836 SE LAKEVIEW DR., SUITE 336 SEBRING FL 33870	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 another like empowered.

**SIGNATURE:**

Paul Skwera Paul Skwera 3/15/01 (561) 317-8461  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0381087

CR2E034 (10/00)