

# 2002 UNIFORM BUSINESS REPORT (UBR)

5/21

FILED  
Aug 13, 2002 8:00 am  
Secretary of State

05-21-2002 91144 020 \*\*\*150.00

DOCUMENT # P00000103494

1. Entity Name

DIAMOND IN THE ROUGH PROPERTIES, INC.

Principal Place of Business

720 - 36 AVE NORTH  
ST PETERSBURG FL 33704

Mailing Address

720 - 36 AVE NORTH  
ST PETERSBURG FL 33704

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. REI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Name

BORYCENS, VALERIE D  
720 - 36 AVE NORTH  
ST PETERSBURG FL 33704

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

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, 2002 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 D  
NAME BORYCENS, VALERIE D  
STREET ADDRESS 720 - 36 AVE NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33704

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

TITLE D  
NAME BORYCENS, JAMES A  
STREET ADDRESS 720 - 36 AVE NORTH  
CITY-ST-ZIP ST PETERSBURG FL 33704

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

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CITY-ST-ZIP

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Change  Addition

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:

*VALERIE D BORYCENS*  
REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (727) 463-3315  
Date Daytime Phone #

CR2E034 (9/01)

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

7. Name

BORYCENS, VALERIE D  
720 - 36 AVE NORTH  
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Name

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## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

CR2E034 (9/01)

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORYCENS, VALERIE D 720 - 36 AVE NORTH ST PETERSBURG FL 33704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BORYCENS, JAMES A 720 - 36 AVE NORTH ST PETERSBURG FL 33704	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 (727) 463-3315  
Date Daytime Phone #41172  
Attachment