

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000105026

1. Entity Name

DIAMOND COAST CONSTRUCTION, INC.

**FILED**  
May 03, 2001 8:00 am  
Secretary of State

05-03-2001 90922 037 \*\*\*150.00

Principal Place of Business

251 MAITLAND AVE., #203  
ALTAMONTE SPRINGS FL 32701

Mailing Address

251 MAITLAND AVE., #203  
ALTAMONTE SPRINGS FL 32701

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3683251

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CLINE, ROY  
251 MAITLAND AVE., #203  
ALTAMONTE SPRINGS FL 32701

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

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

~~TITLE: D/P  
NAME: Cline, Roy  
STREET ADDRESS: 251 Maitland Ave #203  
CITY-ST-ZIP: ALTAMONTE SPRINGS FL 32701~~

~~TITLE: Vice Pres  
NAME: Matthew West  
STREET ADDRESS: 1520 Latham Rd Suite 7  
CITY-ST-ZIP: West Palm Beach FL 33409~~

~~TITLE: Sec/Treas  
NAME: Andrea J. West  
STREET ADDRESS: 1520 Latham Rd Suite 7  
CITY-ST-ZIP: West Palm Beach FL 33409~~

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: D-P  
NAME: Roy Cline  
STREET ADDRESS: 251 Maitland Ave #203  
CITY-ST-ZIP:~~ ☐ Change ☒ Addition

~~TITLE: Vice Pres  
NAME: Matthew West  
STREET ADDRESS: 1520 Latham Rd Suite 7  
CITY-ST-ZIP: West Palm Beach FL 33409~~ ☐ Change ☒ Addition

~~TITLE: Sec/Treas  
NAME: Andrea J. West  
STREET ADDRESS: 1520 Latham Rd Suite 7  
CITY-ST-ZIP: West Palm Beach FL 33409~~ ☐ Change ☒ Addition

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 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:

*Roy Cline* Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)