

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2002 8:00 am
Secretary of State

04-28-2002 90772 022 ***150.00

DOCUMENT # *P01000106774*

1. Entity Name

Diamond Construction Services, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Hudson, FL

Suite, Apt. #, etc.

3. Mailing Address

18230 Montour Drive

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Hudson FL

City & State

1

4. FEI Number

59-3754531

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *The Hogan Law Firm*

Street Address (P.O. Box Number is Not Acceptable)
20 South Broad Street

City *Brooksville*

FL

Zip Code *34605*

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) ☒

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *P/V/T/S/D/C/M*
NAME *Brian Blankenship*
STREET ADDRESS *18230 Montour Drive*
CITY - ST - ZIP *Hudson FL 34667*

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)