

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

02-21-2003 90238 023 ***150.00

DOCUMENT # P02000047058

1. Entity Name
DIAMONDS ARE A BOY'S BEST FRIEND, INC.



Principal Place of Business
**518 ONE CENTER BLVD
SUITE 203
ALTAMONTE SPRINGS FL 32701**

Mailing Address
**518 ONE CENTER BLVD
SUITE 203
ALTAMONTE SPRINGS FL 32701**



2. Principal Place of Business
516 ONE CENTER BLVD.

3. Mailing Address
516 ONE CENTER BLVD.

Suite, Apt. #, etc.
SUITE 310

Suite, Apt. #, etc.
SUITE 310

City & State
ALTAMONTE SPRINGS, FL

City & State
ALTAMONTE SPRINGS, FL

Zip
32701

Country
USA

Zip
32701

Country
USA

4. FEI Number
35-2167503

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**FAIN, BRAD J
518 ONE CENTER BLVD
SUITE 203
ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent

Name **FAIN, BRAD J.**
Street Address (P.O. Box Number is Not Acceptable)
516 ONE CENTER BLVD.
SUITE 310
City **ALTAMONTE SPRINGS** **FL** Zip Code **32701**

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. I am familiar with, and accept the obligations of registered agent.

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **FAIN, BRAD J**
STREET ADDRESS **518 ONE CENTER BLVD, SUITE 203**
CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32701**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **COO** ☐ Delete
NAME **ZNOSKO, GERALD F**
STREET ADDRESS **111 S. MAITLAND AVE**
CITY-ST-ZIP **MAITLAND FL 32794**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CEO** ☒ Delete
NAME **ZNOSKO, KIMBERLY A**
STREET ADDRESS **212 HEATHERWOOD CT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE: _____

BRAD J. FAIN - PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/18/03
Date

407-831-3776
Daytime Phone #

CR2E034 (10/02)