

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 17, 2003 8:00 am
Secretary of State

02-17-2003 90193 011 ***150.00

DOCUMENT # P02000066542

1. Entity Name
DIAMOND PRO BLADES, INC.



Principal Place of Business
2411 NW 16 LN, BAY 6
POMPANO BCH, FL 33062

Mailing Address
2411 NW 16 LN, BAY 6
POMPANO BCH, FL 33062

00000000

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

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TIRICO, TODD
2411 NW 16 LN, BAY 6
POMPANO BCH, FL 33062

Name

TODD TIRICO

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

6466 NW 5TH WAY

City

FT. LAUDERDALE

FL

Zip Code

33309

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's signature required when reinstating)

TODD TIRICO

2/13/03

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 TIRICO, TODD
STREET ADDRESS 2411 NW 16 LN, BAY 6
CITY-ST-ZIP POMPANO BCH, FL 33062

TITLE ☐ Change ☐ Addition

NAME PRESIDENT
TIRICO, TODD
STREET ADDRESS 6466 NW 5TH WAY
CITY-ST-ZIP FT. LAUDERDALE, FL. 33309

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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TODD TIRICO

2/13/03

DATE

Daytime Phone #

CR2E034 (10/02)