

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED

03 JUL 17 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P02000075003**

1. Entity Name  
**DIAMOND PLATE SPECIALTIES INC.**



Principal Place of Business  
606 SW 49 LANE  
CAPE CORAL FL 33914

Mailing Address  
606 SW 49 LANE  
CAPE CORAL FL 33914

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

Zip Country Zip Country

4. FEI Number **01-0732127** 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

**FRANCISCO, PHILIP R**  
606 SW 49 LANE  
CAPE CORAL FL 33914

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

SIGNATURE  DATE **3/15/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 NAME  Delete  
**P FRANCISCO, PHILIP R**  
STREET ADDRESS **606 SW 49 LANE**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
**V FRANCISCO, PHILIP R III**  
STREET ADDRESS **608 SW 49 LANE**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

**900021765109**  
**07/24/03--01058--008 \*\*150.00**

TITLE NAME  Delete  
**S FRANCISCO, THERESA A**  
STREET ADDRESS **606 SW 49 LANE**  
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME  Change  Addition  
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:  **REQUIRED** DATE **3/15/03** DAYTIME PHONE # **2394702334**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2034 (10/02)

91 7/18

07/06/2003

Att: Kathy Aston,

Dear Kathy,

This letter is in response to our phone conversation in March 2003 and May 2003. In our conversation, I informed you that my check for the uniform business report had not been cashed. I was told by you to wait a while longer and call back if my check was ever cashed. I called today, 7/6/2003 to find out my check has not been found. I am enclosing the original \$150.00.

Thank you for your efforts.

Phil Francisco

A handwritten signature in black ink, appearing to read "Phil Francisco". The signature is fluid and cursive, with a large initial "P" and "F".