

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90164 037 ***150.00

0540852 AV

DOCUMENT # P02000088337

1. Entity Name
BLUE DIAMOND CHARTERS, INC.



Principal Place of Business
**230 29TH STREET SW
NAPLES FL 34117**

Mailing Address
**230 29TH STREET SW
NAPLES FL 34117**

2. Principal Place of Business

21805 Edgewater Dr
Suite, Apt. #, etc.

3. Mailing Address

21805 Edgewater Dr
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
Port Charlotte FL

City & State
Port Charlotte FL

4. FEI Number
51-0421427

Applied For
Not Applicable

Zip
33952

Country
USA

Zip
33952

Country
USA

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

6. Name and Address of Current Registered Agent

**SYMONDS, JOEL
230 29TH STREET SW
NAPLES FL 34117**

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 *Joel Symonds* **Joel Symonds** **4-21-03**
(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

TITLE **PS** ☐ Delete
NAME **SYMONDS, JOEL**
STREET ADDRESS **230 29TH STREET SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE **VT** ☐ Delete
NAME **SYMONDS, BRENDA**
STREET ADDRESS **230 29TH STREET SW**
CITY-ST-ZIP **NAPLES FL 34117**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
NAME **Symonds, Brenda**
STREET ADDRESS
CITY-ST-ZIP

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

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: *Brenda Symonds* **BRENDAS REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-03
4 941-627-9615

Date Daytime Phone #

CR2E034 (10/02)