

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2003 8:00 am
Secretary of State

05-01-2003 90266 025 ***150.00

DOCUMENT # P02000105028

1. Entity Name
DIAMOND EYES LIMOUSINE, INC.



Principal Place of Business
26 GRETCHEN LANE
SOPCHOPPY FL 32358

Mailing Address
26 GRETCHEN LANE
SOPCHOPPY FL 32358

55045978



2. Principal Place of Business

27 LONE SOME Rd.
Suite, Apt. #, etc.

3. Mailing Address

27 LONE SOME Rd.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Clearwater FL

City & State

Clearwater FL

4. FEI Number

02-0645008

Applied For

Not Applicable

Zip

32327

Country

USA

Zip

32327

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

PAYNE, WAYNE A
26 GRETCHEN LANE
SOPCHOPPY FL 32358

Name

Payne, Wayne A

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

27 LONE SOME Rd.

City

Clearwater

FL

Zip Code

32327

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]

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

(NOTE: Registered Agent signature required when reinstating)

4-30-03

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PAYNE, WAYNE A
26 GRETCHEN LANE
SOPCHOPPY FL 32358 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Payne, Wayne A
27 LONE SOME Rd.
Clearwater FL 32327 ☒ Change ☐ Addition

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

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

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:

[Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-03

DATE

224-5466

Daytime Phone #

CR2034 (10/02)