## Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90317 034 \*\*\*150.00

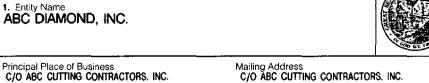
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P02000115462

1. Entity Name
ABC DIAMOND, INC.

City & State



City & State

4864 CLARK HOWELL HIGHWAY 4864 CLARK HOWELL HIGHWAY **COLLEGE PARK GA 30349** COLLEGE PARK GA 30349 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc.

CHECK HERE IF MAKING	CHANGES
4. FEI Number	Applied For
38-3664003	Not Applicable
5 Certificate of Status Desired	\$8.75 Additional ee Required
7. Name and Address of New Registered A	gent
• • • • • • • • • • • • • • • • • • • •	
D. Box Number is Not Acceptable)	

Zip	Country	Zip		Country	5. (	Certificate of Status Desired		<b>8.75</b> Add ee Require		
6. Name and Address of Current Registered Agent				1.	7. Name and Address of New Registered Agent					
LAVIN, ANDREW T ESQ				Name Street Address (P.O. Box Number is Not Acceptable)						
C/O NAVON KOPELMAN & LAVIN PA					Shoot Address (1.0. Box Hamber is not Accoptable)					
2699 STIRLING ROAD SUITE B-100										
FORT LAUDERDALE FL 33312			City	City			Zip Code			
		_		Oity -			FL	2,0000		
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.										
the obligations of registered agent.										
SIGNATURE										
	Signature, typed or printed name of register	ed agent and title if app	licable. (NOTE: F	Registered Agent signatu	ire required when re	ainstating)	DATE			
	ILE NOW!!! FEE IS \$150.0					9. Election Campaign Fina	incing	¢E O	<b>0</b> u = 5.	
After May 1, 2003 Fee will be \$550.00					Trust Fund Contribution.	~ —		O May Be I to Fees		
Make Check	CPuyable to Florida Departm									
10.				11.	AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	P, D		Delete	TITLE			[	Change	Addition	
NAME	Larry W. McCo.	1		NAME STREET ADORESS						
STREET ADDRESS CITY-ST-ZIP			<u>.</u> _	CITY-ST-ZIP						
	N Palm Bch f	<u>-L 33401</u>							- Addition	
TITLE	Dennis Storm		☐ Delete	TITLE NAME			L	Change	☐ Addition	
STREET ADDRESS	2781 Cliffvien	n Tic.	•	STREET ADDRESS						
CITY-ST-ZIP	Lilburn GA	3 <b>6</b> 04	ר	CITY-ST-ZIP						
TITLE	0		☐ Delete	TITLE				Change	Addition	
NAME	John O'Shea.			NAME			-		_	
STREET ADDRESS	850 N. Miami	Ave	- '5	STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	≥ 32° "	•		
CITY-ST-ZIP	Miani FL	33136	<b>.</b>	CITY-ST-ZIP						
TITLE			☐ Delete	TITLE		<del></del> -	Γ	☐ Change	☐ Addition	
NAME				NAME						
STREET ADDRESS				STREET ADDRESS						
CITY-ST-ZIP				CITY-ST-ZIP					į	

12. I hereby certify that the information supplemental veport 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 of the corporation or the receive changed, or on an attachment

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**SIGNATURE:** 

TITLE NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

☐ Delete

☐ Change

☐ Change

☐ Addition

☐ Addition

CR2E034 (10/02)