

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000024087

1. Entity Name

DIAMOND SUPPLY COMPANY, INC.

FILED

Jul 11, 2000 8:00 am  
Secretary of State

07-11-2000 90175 023 \*\*\*550.00

Principal Place of Business

6601 LYONS ROAD  
STE G-3  
COCONUT CREEK FL 33073  
US

Mailing Address

6601 LYONS ROAD  
STE G-3  
COCONUT CREEK FL 33073  
US

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 65-0404059

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

HAYES, DAVID M  
3325 SW 2ND CT  
DEERFIELD BCH FL 33442

7. Name and Address of New Registered Agent

Name DAVID M. HAYES

Street Address (P.O. Box Number is Not Acceptable)  
7750 NW 49th Lane

City Coconut Creek

FL

Zip Code 33073

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD  
NAME SLAZYK, PAUL L.  
STREET ADDRESS 8545 WINDY CI  
CITY-ST-ZIP BOYNTON BCH FL ☐ Delete

TITLE VPD  
NAME HAYES, DAVID M.  
STREET ADDRESS 3325 SW 2ND CT  
CITY-ST-ZIP DEERFIELD BCH FL ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE VPD  
NAME HAYES, DAVID M.  
STREET ADDRESS 7750 NW 49th Lane  
CITY-ST-ZIP COCONUT CR, FL 33073 ☒ Change ☐ Addition

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

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

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

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

7-7-00

(954) 428-3383

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #