

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-25-2003 90316 040 ***150.00

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DOCUMENT # P93000056611

1. Entity Name

DIAMOND METAL CO., INC.



Principal Place of Business

**5520 TYLER ST.
JACKSONVILLE FL 32254
US**

Mailing Address

**5520 TYLER ST.
JACKSONVILLE FL 32254
US**

2. Principal Place of Business

3. Mailing Address

624 Beautyrest Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

624 Beautyrest Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Jacksonville FL

Zip

32205

Country

US

City & State

Jacksonville FL

Zip

32205

Country

US

4. FEI Number

59-3196271

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TEETER, JOHN C
5520 TYLER AVE
JACKSONVILLE FL 32254**

Name

Teeter, John C

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

624 Beautyrest Ave

City

Jacksonville

FL

Zip Code

32205

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

(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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **TEETER, JOHN C**
CITY-ST-ZIP **5520 TYLER STREET
JACKSONVILLE FL 32254**

TITLE ☒ Change ☐ Addition
NAME **624 Beautyrest Ave**
STREET ADDRESS **Jacksonville FL 32205**
CITY-ST-ZIP

TITLE ☐ Delete
NAME **VP**
STREET ADDRESS **RHODEN, DALE**
CITY-ST-ZIP **1464 DOLPH RD
JACKSONVILLE FL 32220**

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

TITLE ☒ Delete
NAME **S**
STREET ADDRESS **WILSON, JANICE**
CITY-ST-ZIP **10025 RUSSELL SOMPSON RD
JACKSONVILLE FL 32225**

TITLE ☐ Change ☒ Addition
NAME **S**
STREET ADDRESS **John C Teeter**
CITY-ST-ZIP **624 Beautyrest Ave
Jacksonville FL 32205**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **HOPTIES, HENRY J**
CITY-ST-ZIP **606 SHORE WOOD DR
CAPE CANAVERAL FL 32920**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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:

John C Teeter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-2003
Date

904-7812045
Daytime Phone #

CR2E034 (10/02)