

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-31-2003 90185 029 ***150.00

DOCUMENT # P94000014010

1. Entity Name
DIAMOND K CONSTRUCTION INC.



Principal Place of Business
**555 ARLINGTON DR.
WEST PALM BEACH FL 33415**

Mailing Address
**P.O. BOX 17875
WEST PALM BEACH FL 33416**

New Address

2. Principal Place of Business

1609 S.W. Dyer Pt. Rd.
Suite, Apt. #, etc.

3. Mailing Address

PO Box 1345
Suite, Apt. #, etc.



☐ CHECK HERE IF MAKING CHANGES

City & State

Palm City FL

City & State

Palm City FL

4. FEI Number **65-0469374**

Applied For

Not Applicable

Zip

34990

Country

Zip

34991

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**KONIEZKO, PHILIP C
555 ARLINGTON DR.
WEST PALM BEACH FL 33415**

7. Name and Address of New Registered Agent

Name **Ph. I. P. C. Konietzko**

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

1609 S.W. Dyer Pt. Rd.

City **Palm City**

FL

Zip Code

34990

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

TITLE **P** ☐ Delete
NAME **KONIEZKO, PHILIP C**
STREET ADDRESS **555 ARLINGTON DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE **VP** ☐ Delete
NAME **KONIEZKO, MARIA C**
STREET ADDRESS **555 ARLINGTON DR.**
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

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 **President** ☒ Change ☐ Addition
NAME **Phil Konietzko**
STREET ADDRESS **1609 S.W. Dyer Pt. Rd.**
CITY-ST-ZIP **Palm City FL 34990**

TITLE **V. Pres.** ☒ Change ☐ Addition
NAME **Maria C Konietzko**
STREET ADDRESS **1609 S.W. Dyer Pt. Rd.**
CITY-ST-ZIP **Palm City FL 34990**

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

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

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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: **Ph. I. P. C. Konietzko** **3/27/03** **561**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **719-7270**

CR2E034 (10/02)