

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90231 012 ***150.00

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DOCUMENT # P94000059251

1. Entity Name
DIAMOND INVESTIGATIONS INC.



Principal Place of Business
1314 CAPE CORAL PKWY.
STE 206
CAPE CORAL FL 33904
US

Mailing Address
1314 CAPE CORAL PKWY
STE 206
CAPE CORAL FL 33904
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 **65-0538399**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☒ **CHECK HERE IF MAKING CHANGES**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORGAN, JESSE P
1314 CAPE COARL PKWY.
SUITE 203
CAPE CORAL FL 33904

Name
NICHOLAS LUKACOVIC
Street Address (P.O. Box Number is Not Acceptable)
1314 CAPE CORAL PKWY SUITE 206
City **CAPE CORAL** **FL** **Zip Code** **33904**

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 *NICHOLAS LUKACOVIC* **DATE** **3/25/03**

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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1

TITLE **PT VS** ☐ **Delete**
NAME **LUKACOVIC, NICHOLAS**
STREET ADDRESS **2902 S.W. 30TH ST.**
CITY-ST-ZIP **CAPE CORAL FL**

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

TITLE **VS** ☒ **Delete**
NAME **MORGAN, JESSE P**
STREET ADDRESS **4350 ORANGWOOD AVE**
CITY-ST-ZIP **FORT MYERS FL 33901**

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

TITLE ☐ **Delete**
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ **Change** ☐ **Addition**
NAME
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CITY-ST-ZIP

TITLE ☐ **Delete**
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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: *NICHOLAS LUKACOVIC* **DATE** **3/25/03** **DAYTIME PHONE #** **239-542-7779**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)