

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000004473

1. Entity Name

DIAMOND COAST SALES INC.

**FILED**  
**Feb 04, 2000 8:00 am**  
**Secretary of State**

02-04-2000 90010 034 \*\*\*150.00

Principal Place of Business

3970 N.W. 73RD AVE.  
FORT LAUDERDALE FL 33319

Mailing Address

3970 N.W. 73RD AVE.  
FORT LAUDERDALE FL 34983-2410

2. Principal Place of Business

1221 SW Bayshore Blvd

Suite, Apt. #, etc.

3. Mailing Address

1221 SW Bayshore Blvd

Suite, Apt. #, etc.

City & State

Port St. Lucie, FL

City & State

Port St. Lucie, FL

4. FEI Number

65-0562983

Applied For

Not Applicable

Zip

34983

Country

USA

Zip

34983

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

SCHUMER, JOHN W  
3970 NW 73RD AVE  
FT LAUDERDALE FL 33319

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 D ☐ Delete  
NAME SCHUMER, JOHN W.  
STREET ADDRESS 3970 N.W. 73RD AVE.  
CITY-ST-ZIP FORT LAUDERDALE FL 33319

TITLE DPT ☐ Delete  
NAME SCHUMER, JOHN W  
STREET ADDRESS 3970 N.W. 73RD AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE VS ☐ Delete  
NAME SCHUMER, JOEY K  
STREET ADDRESS 3970 N.W. 73 RD AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ Delete  
NAME SCHUMER, JOHN A  
STREET ADDRESS 2521 N.E. PINE AVE.  
CITY-ST-ZIP JENSEN BEACH FL

TITLE D ☐ Delete  
NAME SCHUMER, CHRIS J  
STREET ADDRESS 487 N.E. 163RD ST.  
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME 1221 SW Bayshore Blvd.  
STREET ADDRESS Port St. Lucie, FL 34983  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 1221 SW Bayshore Blvd  
STREET ADDRESS Port St. Lucie, FL 34983  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME 1221 SW Bayshore Blvd  
STREET ADDRESS Port St. Lucie, FL 34983  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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:

John W. Schumer  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-28-2000

CR2E034 (9/99)